

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F21648

(3)

1. Corporation Name

ROGER WHITE ASSOCIATES, INC.



Principal Place of Business 17 KATRINAS DR ORMOND BEACH FL 32174 US	Mailing Address 17 KATRINAS DR ORMOND BEACH FL 32174-9111 US
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3. Date Incorporated or Qualified 03/02/1981	3a. Date of Last Report 01/29/1996
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2. Principal Place of Business 21 4 Spring Meadows Drive Suite, Apt. #, etc. 22 City & State 23 Ormond Beach, FL 32174 Zip 24 32174 25 Country	2a. Mailing Address 26 4 Spring Meadows Drive Suite, Apt. #, etc. 27 City & State 28 Ormond Beach, FL 32174 Zip 29 32174 30 Country
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4. FEI Number 59-2063119	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent WHITE, ROGER 17 KATRINAS DR ORMOND BEACH FL 32174	10. Name and Address of New Registered Agent 81 Name White, Roger E. 82 Street Address (P.O. Box Number is Not Acceptable) Spring Meadows Dr iVe 83 84 City Ormond Beach FL 85 Zip Code #01&\$
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	WHITE, ROGER E	1.2 NAME	Roger White
STREET ADDRESS	17 KATRINAS DR	1.3 STREET ADDRESS	4 Spring Meadows Dr.
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	V	2.1 TITLE	
NAME	CARRELL, EDWIN A	2.2 NAME	
STREET ADDRESS	RTE 3 BOX 115B RANCH	2.3 STREET ADDRESS	
CITY-ST-ZIP	GEORGETOWN, TX 78226	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 2/1/97

CR2E034 (9/96)