

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -7 AM 10:47

DOCUMENT # F25011 (0)

1. Corporation Name

WHITE BROS. MANAGEMENT COMPANY

Principal Place of Business

**452 INGLEWOOD DR PALM SPGS. FL33461
PO BOX 5660
LAKE WORTH FL 33461**

Mailing Address

**452 INGLEWOOD DR PALM SPGS. FL33461
PO BOX 5660
LAKE WORTH FL 33461**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/04/1981

3a. Date of Last Report

04/04/1994

4. FEI Number

59-1529751

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, JEAN
452 INGLEWOOD DR.
PALM SPRINGS FL 33461**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Jean White
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

5/31/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	VTD
NAME	WHITE, JEAN
STREET ADDRESS	452 INGLEWOOD DR
CITY - ST - ZIP	PALM SPRGS, FL 00000
TITLE	PD
NAME	WHITE, SHARYN M
STREET ADDRESS	445 INGLEWOOD DR
CITY - ST - ZIP	PALM SPRGS, FL 00000
TITLE	AS
NAME	WHITE, MARGARET M.
STREET ADDRESS	453 INGLEWOOD DR.
CITY - ST - ZIP	PALM SPRGS, FL 00000
TITLE	SVD
NAME	WHITE, JEAN
STREET ADDRESS	452 INGLEWOOD DR.
CITY - ST - ZIP	PALM SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Jean White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/95
Date

Daytime Phone