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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90101 028 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000005010

1. Corporation Name

WHITE BUILDERS, INC.

Principal Place of Business

116 COACHMANS RD.
MADISON MS 39110

Mailing Address

116 COACHMANS RD.
MADISON MS 39110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1998

4. FEI Number

64-0896804

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3906 HWY. 98-E
Suite, Apt. #, etc.

2a. Mailing Address

26 P. O. BOX 1586
Suite, Apt. #, etc.

22 SANTA ROSA BEACH, FL

27 SANTA ROSA BEACH, FL

23 32459 USA
City & State

28 32459 USA
City & State

24 Zip Country

29 Zip Country

25

30

9. Name and Address of Current Registered Agent

SHIVE, JERRY W
4501 E. CO. HWY. 30-A
SEAGROVE FL 32459

10. Name and Address of New Registered Agent

81 Name

SHIVE, JERRY W

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

264 STILL WATER ROAD

83

84 City

FREEPORT

FL

85 Zip Code

32439

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE
NAME WHITE, CHARLES S
STREET ADDRESS 116 COACHMANS RD.
CITY-ST-ZIP MADISON MS 39110

TITLE VS ☐ DELETE
NAME WHITE, JUDY C
STREET ADDRESS 116 COACHMANS RD.
CITY-ST-ZIP MADISON MS 39110

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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 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, with all other like empowered.

SIGNATURE: *Charles S. White*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99

Date

601-856-4200

Daytime Phone #

CR2E034 (1/1/98)