

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G08676 (0)

1. Corporation Name

WHITE BUILDING CONTRACTORS INC.



Principal Place of Business

Mailing Address

**4215 IRVINGTON AVE.
JACKSONVILLE FL 32210
US**

**4215 IRVINGTON AVE.
JACKSONVILLE FL 32210
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. BOX 7**

22 City & State

27 Suite, Apt. #, etc.

ORTEGA STATION

23 Zip

25 Country

28 Zip

30 Country

JAX FLA

32210

DUVAL

3. Date Incorporated or Qualified

11/17/1982

3a. Date of Last Report

01/18/1995

4. FEI Number

59-2250557

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, ROBERT L
4215 IRVINGTON AVENUE
JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent

81 Name

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

2917 PRINCETON AVE.

83

JAX FLA

84 City

JAX

FL

85 Zip Code

32210

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 fee if applicable.

(NOTE: Registered Agent signature required when re-estating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☒ DELETE
NAME **WHITE, THOMAS A**
STREET ADDRESS **4555 SAPPHO ST**
CITY-ST-ZIP **JAX, FL 00000**

TITLE **P** ☐ DELETE
NAME **WHITE, ROBERT L**
STREET ADDRESS **2917 PRINCETON AVE**
CITY-ST-ZIP **JAX, FL 00000**

TITLE **V** ☐ DELETE
NAME **WHITE, JAMES T**
STREET ADDRESS **4835 POLARIS ST**
CITY-ST-ZIP **JAX, FL 00000**

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

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert L. White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/96

904-388-3064

DATE

Daytime Phone #

CR2E034 (3/96)