

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 27 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G59454 (0)

1. Corporation Name
WHITE OAK LAND CORP.

Principal Place of Business Mailing Address
**645 RIVERSIDE AVE #619, PENNSULAR PLZ
P O BOX 2820
JACKSONVILLE FL 32316-2820**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/12/1983** 3a. Date of Last Report **04/28/1994**

4. FEI Number **59-2319084** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 **32203-2820** 25 29 **32203-2820** 30

9. Name and Address of Current Registered Agent
**GARTNER, W.A.
1680 PRUDENTIAL DR STE 203
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WINSTON, JAMES H | 1.2 NAME | |
| STREET ADDRESS | 4825 ORTEGA BLVD | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL 32210 | 1.4 CITY - ST - ZIP | |
| TITLE | DVST | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WINSTON-MASON, MCKIMMON | 2.2 NAME | |
| STREET ADDRESS | 150 13TH ST. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | ATLANTIC BEACH FL 32233 | 2.4 CITY - ST - ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WINSTON, JAMES H., JR. | 3.2 NAME | |
| STREET ADDRESS | 4825 ORTEGA BLVD | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL | 3.4 CITY - ST - ZIP | |
| TITLE | V | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WINSTON, MARY BURGMAN | 4.2 NAME | |
| STREET ADDRESS | 4825 ORTEGA BLVD | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL 32210 | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: McKimmmon Winston Mason - VP Date: 4-13-95 (Type Name) (904) 358-7249
 Signature and typed or printed name of signing officer or director
 McKimmmon Winston Mason