


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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G59454 (0)					
1. Corporation Name WHITE OAK LAND CORP.					
Principal Place of Business 645 RIVERSIDE AVE #619, PENINSULAR PLZ P O BOX 2820 JACKSONVILLE FL 32203-2820 US			Mailing Address 645 RIVERSIDE AVE #619, PENINSULAR PLZ P O BOX 2820 JACKSONVILLE FL 32203-2820 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/12/1983 3a. Date of Last Report 04/23/1996	
				4. FEI Number 59-2319084 Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GARTNER, W.A. 1660 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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME PD WINSTON, JAMES H					
1.3 STREET ADDRESS 4825 ORTEGA BLVD					
1.4 CITY-ST-ZIP JACKSONVILLE FL 32210					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME DVST WINSTON-MASON, MCKIMMON					
2.3 STREET ADDRESS 150 13TH ST.					
2.4 CITY-ST-ZIP ATLANTIC BEACH FL 32233					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME D WINSTON, JAMES H., JR.					
3.3 STREET ADDRESS 4825 ORTEGA BLVD					
3.4 CITY-ST-ZIP JACKSONVILLE FL					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME V WINSTON, MARY BURGMAN					
4.3 STREET ADDRESS 4825 ORTEGA BLVD					
4.4 CITY-ST-ZIP JACKSONVILLE FL 32210					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition					
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 included 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: <i>McKimmmon Winston Mason</i> 4-16-97 (904) 358-7269 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)