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FILED  
Jun 03 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 # H02119

(6)

1. Corporation Name

WHITE ACRES NURSERY, INC.



Principal Place of Business

1721 TAYLOR RD  
DAYTONA BCH FL 32124  
US

Mailing Address

1721 TAYLOR RD  
DAYTONA BCH FL 32124-6733  
US

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

WHITE, DONALD J.  
1110 MADRID AVENUE  
DAYTONA BEACH FL 32114

3. Date Incorporated or Qualified

05/04/1984

3a. Date of Last Report

05/01/1996

4. FFI Number

59-2585692

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

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

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

(If OFF - Registered Agent's signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P  
NAME WHITE, DONALD J. SR.  
STREET ADDRESS 1110 MADRID AVENUE  
CITY-ST-ZIP DAYTONA BEACH FL

☐ DELETE

TITLE V  
NAME WHITE, ELAINE M.  
STREET ADDRESS 1110 MADRID AVENUE  
CITY-ST-ZIP DAYTONA BEACH FL

☐ DELETE

TITLE S  
NAME LINTON, KATHLEEN W.  
STREET ADDRESS 3752 LONG GROVE LANE  
CITY-ST-ZIP PORT ORANGE FL

☐ DELETE

TITLE T  
NAME WHITE, KEVIN M.  
STREET ADDRESS 250 MANHATTAN WAY  
CITY-ST-ZIP PORT ORANGE FL

☐ DELETE

TITLE V  
NAME WHITE, DONALD J JR  
STREET ADDRESS 250 MANHATTAN WAY  
CITY-ST-ZIP PT ORANGE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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)(a), 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

*[Signature]*

*[Signature]*

CR2E034 (9/96)