

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H19587 (5)**  
1. Corporation Name  
**LES WHITE, INC.**



Principal Place of Business: **P.O. BOX 952 DUNEDIN FL 34697**  
Mailing Address: **P.O. BOX 952 DUNEDIN FL 34697**

3. Date Incorporated or Qualified: **09/04/1984**      3a. Date of Last Report: **03/31/1995**  
4. FEI Number: **59-2439762**      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: **21**      2a. Mailing Address: **26**  
Suite, Apt. #, etc.:      Suite, Apt. #, etc.:  
City & State:      City & State:  
Zip:      County:      Zip:      County:  
**24**      **25**      **29**      **30**

**9. Name and Address of Current Registered Agent**

**UBER, WILLIAM F. JR.  
605 PALM BLVD  
SUITE A (P.O. BOX 1056)  
DUNEDIN FL 34697**

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 607.0702 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 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITE, LESTER F.</b>	
STREET ADDRESS	<b>795 COUNTY RD. 1.LOT 108</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITE, ELIZABETH F.</b>	
STREET ADDRESS	<b>795 COUNTY RD. 1.LOT 108</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied within this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(B), 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 trustee or trustee-empowered licensee, as defined in the provisions of Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an affidavit filed with an address.

SIGNATURE: *Elizabeth F. White*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96 (813) 734-8600  
DATE AND TELEPHONE NUMBER

CR2E034 (12/95)