

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H25407** (8)

1. Corporation Name

**THOS. J. WHITE DEVELOPMENT CORPORATION**



Principal Place of Business

1420 ST. LUCIE WEST BLVD  
SUITE 101  
PORT ST. LUCIE FL 34986  
US

Mailing Address

1750 S. BRENTWOOD BLVD.  
~~ST. LOUIS MO~~  
ST LOUIS MO 63144  
US

3. Date Incorporated or Qualified  
**10/12/1984**

3a. Date of Last Report  
**04/07/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
**43-1346361**

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

10. Name and Address of New Registered Agent

**WHITE, JR. T**  
**1420 ST. LUCIE WEST BLVD.**  
**SUITE 101**  
**PORT ST. LUCIE FL 34986**

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 time of application

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **DST**  
STREET ADDRESS **FERRICK, JAMES H.**  
CITY - ST - ZIP **1750 S BRENTWOOD BLVD #301**  
**ST LOUIS MO**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **PVCD**  
STREET ADDRESS **WHITE, THOMAS J., JR.**  
CITY - ST - ZIP **1420 ST. LUCIE WEST BLVD., #101**  
**PORT ST. LUCIE FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **FERRICK, MARY**  
CITY - ST - ZIP **11 WARRIDGE**  
**ST. LOUIS MO**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **VS**  
STREET ADDRESS **POSTAL, KEVIN J.**  
CITY - ST - ZIP **1420 ST. LUCIE WEST BLVD., #101**  
**PORT ST. LUCIE FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **DV**  
STREET ADDRESS **SCHENK, JOHN J**  
CITY - ST - ZIP **1750 S. BRENTWOOD BLVD. #301**  
**ST. LOUIS MO 63144**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas J. White Jr.* **Thomas J. White Jr.** 3-11-96 407-340-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone If

CR2E034 (12/95)