

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90010 004 ***150.00

DOCUMENT # H25407

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.
301
ST LOUIS MO 63144
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1984

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 owes the current year Intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 314-961-4980
Date Daytime Phone #

CR2E034 (11/98)