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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

H54502

(0)

WHITESTONE LAND DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address 1101 GOLDFINCH OR 13610 S VILLAGE DR PLANT CITY FL 33566 STE 4102 TAMPA FL 33624 US					DO NOT WRITE IN THIS 3. Date incorporated or Qualified	
2. Principal P	ace of Business	2a. Mailing Address			04/30/1985 4. FEI Number	Applied For
n		26			59-2527370	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	<u> </u>	untry	8. This corporation owes or has paid the cu	
24	25	29	30	_		Yes No
·	g. Name and Address of Cur	rent Registered Agent		81 Name	10. Name and Address of New Registered	Agent
office or r agent. I a	to the provisions of Sections 607 (egistered agent, or both, in the St m familiar with, and accept the of	ate of Horida. Such change v	vas authorize	d by the corpora	rporation submits this statement for the purpose cation's board of directors. I hereby accept the app	85 Zip Code of changing its registered
SIGNATURE	Stgnature, typed or pointed name of registered	Lagent and title if apple able	(NOTE Registere	d Agent signature req	uired when reinstating) DATE	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PD	☐ DELETE	1.1 T	ITLE		Change Addition
NAME	DUNHAM, EUGENE F., JR.		1.2 N	AME		
STREET ADDRESS			1.3 9	TREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624			ITY-ST-ZIP		
TITLE	VPAS	☐ DELETE	2.1 T	ITLE		Change Addition
NAME	DUNHAM, MATTHEW D			AME	•	
STREET ADDRESS	12719 SEBRING BLVD	BLVD		TREET ADDRESS		
CITY-ST-ZIP	TAMPA FL			CITY - ST - ZIP		
TITLE		DELETE	3.1 T	ITLE		Change Addition
NAME			3.2 N	IAME		
STREET ADDRESS			3.3 9	TREET ADDRESS		
CITY-ST-ZIP				CITY - ST - ZIP		
TITLE		DELETE	4.1 T	ITLE		☐ 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 corb realth or the receiver or trustee empoweled to execute this report as required by Chapter 607, Florida Statutes; and that my pame appears in Block 12 or Block 13 if change for on an attachment with an address

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

DELETE

DELETE

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Cu gane.

3/30/98 264-2988

Change

Addition

FILED

Apr 02 1998 8:00am

Secretary of State