~~FILE NOW: FILING FEE AFTER MAY 1 IS $550.00~~

AMENDED PROFIT CORPORATION ANNUAL REPORT

1997 $61.25

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

FILED
97 NOV 10 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J01707

1. Corporation Name

White Pine Resources, Inc.

Principal Place of Business	Mailing Address
358-C West Nine Mile Rd. Pensacola, FL 32534	358-C West Nine Mile Rd Pensacola, FL 32534

3. Date Incorporated or Qualified: 3/3/86
3a. Date of Last Report: 5/13/97

2. Principal Place of Business	2a. Mailing Address
21 11400 High Springs Rd	26 11400 High Springs Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Pensacola, FL	28 City & State: Pensacola, FL
24 Zip: 32534 25 Country: Escambia	29 Zip: 32534 30 Country: Escambia

4. FEI Number: 59-2674814 ☐ 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

John R. Grass
358-C W 9 Mile Rd
Pensacola FL 32501

10. Name and Address of New Registered Agent

81 Name: Barbara S. Grass
82 Street Address (P.O. Box Number is Not Acceptable): 11400 Highsprings Rd
83
84 City: Pensacola FL 85 Zip Code: 32534

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: Barbara L. Grass — Barbara L. Grass — 11/4/97
Signature, Type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D Barbara L. Grass 11400 High Springs Road Pensacola, FL 32534	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S/T/D John R. Grass 11400 High Springs Road Pensacola, FL 32534	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	600002346676--0 -11/13/97--01080--011 *****61.25 *****61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

SL 11-13-97

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Barbara L. Grass — Barbara L. Grass, Pres. — (850) 968-4681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #