

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 AUG -4 AM 10:12

DOCUMENT # K19700 (9)

1. Corporation Name

GERALDINE F. WHITE REALTY, INC.

Principal Place of Business

Mailing Address

4023 N. ARMENIA AVE
 400
 TAMPA FL 33607
 US

% GERALDINE F. WHITE
 PO BOX 4567
 TAMPA FL 33677-4567
 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/31/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3134238

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 a 199 032
 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

4023 N. Armenia Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 290

27 290

City & State

City & State

23

28 Tampa, FL

Zip

Country

Zip

Country

24

25

29 33607

30

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, GERALDINE F.
 13608 #6105 SOUTH VILLAGE DR.
 TAMPA FL 33624

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 re-electing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	WHITE, GERALDINE F.
STREET ADDRESS	13608 #6105 S VILLAGE DR
CITY - ST - ZIP	TAMPA FL
TITLE	VD
NAME	WHITE, GERALDINE F.
STREET ADDRESS	13608 #6105 S VILLAGE DR
CITY - ST - ZIP	TAMPA FL
TITLE	STD
NAME	WHITE, ALTON M.
STREET ADDRESS	13608 #6105 S VILLAGE DR
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Geraldine F. White Geraldine F. White

Date

7/8/95

813

969-2190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR