


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L35983</b> 1. Entity Name WHITE'S OF FLORIDA, INC.					
Principal Place of Business 534 LANCASTER ST JACKSONVILLE, FL 32204 — US			Mailing Address 1 INDEPENDENT DRIVE SUITE 2600 JACKSONVILLE, FL 32202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BALL, JOHN S 1 INDEPENDENT DRIVE SUITE 2600 JACKSONVILLE, FL 32202				Name Street Address (P.O. Box Number Is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	ST		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEWELL, DEBORAH W		NAME	U00000319207	
STREET ADDRESS	1992 SAN MARCO BLVD.		STREET ADDRESS	04/20/05-80088-023 150.00	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP		
TITLE	PDCE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, JAMES L III		NAME		
STREET ADDRESS	400 TECHNOLOGY COURT, SUITE C		STREET ADDRESS		
CITY-ST-ZIP	SMYRNA, GA 30082		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					