

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

APPROVED  
AND  
FILED

97 APR 18 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L90846 (1)**  
1. Corporation Name  
**WHITE OAK DESIGN AND CONSTRUCTION, INC.**

Principal Place of Business  
**1340 PEACEFIELD PL  
TALLAHASSEE FL 32312**

Mailing Address  
**1340 PEACEFIELD PL  
TALLAHASSEE FL 32312-3144**

3. Date Incorporated or Qualified **08/03/1990** 3a. Date of Last Report **04/03/1996**  
4. FEI Number **59-3114168** Applied For ☐ Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**DRIVER, WALTER J  
1340 PEACEFIELD PL  
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME 1.2 NAME  
1.3 STREET ADDRESS 1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP  
2.1 TITLE ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME 2.2 NAME  
2.3 STREET ADDRESS 2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP  
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4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP  
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5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP  
6.1 TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME 6.2 NAME  
6.3 STREET ADDRESS 6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP

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: *Walter J. Driver* **WALTER J. DRIVER** 4-17-97 904-386-7225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)