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Secretary of State

04-07-1999 90015 026 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L90846

1. Corporation Name

WHITE OAK DESIGN AND CONSTRUCTION, INC.



Principal Place of Business
1767 HERMITAGE BLVD
TALLAHASSEE FL 32308

Mailing Address
1767 HERMITAGE BLVD
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1990

4. FEI Number

59-3114168

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3308 LEMOYNE CT.

Suite, Apt. #, etc.

22 City & State

23 TALLAHASSEE, FLORIDA

Zip Country

24 32312 25 USA

2a. Mailing Address

26 3308 LEMOYNE CT.

Suite, Apt. #, etc.

27 City & State

28 TALLAHASSEE, FLORIDA

Zip Country

29 32312 30 USA

9. Name and Address of Current Registered Agent

DRIVER, WALTER J
1767 HERMITAGE BLVD, #12204
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

WALTER J. DRIVER

82 Street Address (P.O. Box Number is Not Acceptable)

3308 LEMOYNE CT

83

84 City

TALLAHASSEE

FL

85 Zip Code

32312

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME DRIVER, U-REDA B
STREET ADDRESS 1767 HERMITAGE BLVD, #12204
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE SD ☐ DELETE
NAME DRIVER, WALTER J
STREET ADDRESS 1767 HERMITAGE BLVD, #12204
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME U-REDA B. DRIVER
1.3 STREET ADDRESS 3308 LEMOYNE CT
1.4 CITY-ST-ZIP TALLAHASSEE, FLORIDA 32312

2.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME WALTER J. DRIVER
2.3 STREET ADDRESS 3308 LEMOYNE CT
2.4 CITY-ST-ZIP TALLAHASSEE, FL 32312

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: WALTER J. DRIVER 3-23-99 850-386-7225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #