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FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M77519 (0)
1. Corporation Name
WHITE DISTRIBUTING CORP.

Principal Place of Business

2228 APALACHEE PKWY
STE 3
TALLAHASSEE FL 32301-4935
US

Mailing Address

2228 APALACHEE PKWY
STE 3
TALLAHASSEE FL 32301-4935
US

2. Principal Place of Business

21 1233 N. Adams St

Suite, Apt. #, etc.

22 TALLAHASSEE, FL

City & State

23 32303 USA

Zip

Country

24

2a. Mailing Address

26 1233 N. Adams St

Suite, Apt. #, etc.

27 TALLAHASSEE FL

City & State

28 32303 USA

Zip

Country

29

30

3. Date Incorporated or Qualified

04/22/1988

3a. Date of Last Report

04/30/1996

4. FEI Number

59-2897271

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

WHITE, ALTHA M.

2409 SUNBURST PLACE

TALLAHASSEE FL 32301-

1233 N. Adams St
32303

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

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME WHITE, ALTHA M.
STREET ADDRESS 400 TEAL LANE
CITY-ST-ZIP 1233 N. Adams St
TALLAHASSEE FL - 32303

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1233 N. Adams St
1.4 CITY-ST-ZIP TALL-HA. 32303

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-97

Date

904-222-2311

Daytime Phone #

0043492

CR2E034 (9/96)