


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

| | | |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N92000000802 (0)**

1. Corporation Name

THE WHITE HOUSE, INC.



| | |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business 20625 PENNSYLVANIA AVENUE DUNNELLON FL 34431 US | Mailing Address 12127 PALMETTO WAY DUNNELLON FL 34432 |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------|

3. Date Incorporated or Qualified

12/16/1992

4. FEI Number

59-2890205

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WILLIAMS, ROBERT E
12127 PALMETTO WAY
DUNNELLON FL 34432**

10. Name and Address of New Registered Agent

81 Name **Arlene Heaton, President**
82 Street Address (P.O. Box Number is Not Acceptable)
c/o The White House Inc.
83 **20625 Pennsylvania Ave.**
84 City **Dunnellon** **85** Zip Code **FL 34431**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Arlene M. Heaton*

(NOTE: Registered Agent signature required when reinstating)

4/30/98
DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DV WILLIAMS, GLORIA H | 1.2 NAME | |
| STREET ADDRESS | 12127 PALMETTO WAY | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DUNNELLON FL | 1.4 CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> DELETE Deceased | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DT WILLIAMS, ROBERT E | 2.2 NAME | |
| STREET ADDRESS | 12127 PALMETTO WAY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DUNNELLON FL | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DS SMALLRIDGE, VERA | 3.2 NAME | |
| STREET ADDRESS | 21120 PALATKA | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DUNNELLON FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DV HEATON, ARLENE | 4.2 NAME | |
| STREET ADDRESS | 22978 S.W. 117TH ST. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DUNNELLON FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D OLIVERIO, L.A. DR | 5.2 NAME | |
| STREET ADDRESS | 20661 DATESMAN AVE. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | DUNNELLON FL 34431 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D DICE, FRIEDA | 6.2 NAME | |
| STREET ADDRESS | 20105 SW 78TH ST | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | DUNNELLON FL | 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed; or on an attachment with an address.

SIGNATURE: *Arlene M. Heaton*

4/30/98 (252) 489-1392

CR2E037 (1097)