

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # P02715 (1)**  
1. Corporation Name  
**WHITE AGENCIES, INC.**

Principal Place of Business: **307 PALAFOX STREET P O DRAWER C FLOMATON AL 36441**  
Mailing Address: **307 PALAFOX STREET P O DRAWER C FLOMATON AL 36441**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/16/1984**      3a. Date of Last Report: **04/07/1994**

4. FEI Number: **63-0732243**      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

2. Principal Place of Business: **21**      2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22**      Suite, Apt. #, etc.: **27**

City & State: **23**      City & State: **28**

Zip: **24**      Country: **25**      Zip: **29**      Country: **30**

9. Name and Address of Current Registered Agent: **HUDSON, THEODORE W. 5788 HERMITAGE CIR MILTON FL 32570**

10. Name and Address of New Registered Agent:

81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_      85 Zip Code: **FL**

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: \_\_\_\_\_      DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS           |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|--------------------------------------|---------------------------------|---|--|
| TITLE: <b>VPD</b>                    | NAME: <b>WALSTON, KELLI</b>     | 1.1 TITLE: _____                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS: <b>208 COLLEE ST</b> | CITY-ST-ZIP: <b>FLOMATON AL</b> | 1.2 NAME: _____                                       |  |
|                                      |                                 | 1.3 STREET ADDRESS: _____                             |  |
|                                      |                                 | 1.4 CITY-ST-ZIP: _____                                |  |
| TITLE: <b>VD</b>                     | NAME: <b>WHITE, HARVEY J.</b>   | 2.1 TITLE: <b>P/D</b>                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: <b>RT 1, BOX 233</b> | CITY-ST-ZIP: <b>FLOMATON AL</b> | 2.2 NAME: <b>WHITE, LARRY W.</b>                      |  |
|                                      |                                 | 2.3 STREET ADDRESS: <b>RT 1, BOX 346</b>              |  |
|                                      |                                 | 2.4 CITY-ST-ZIP: <b>FLOMATON, AL 36441</b>            |  |
| TITLE: <b>TDS</b>                    | NAME: <b>JAMES, JOHN R</b>      | 3.1 TITLE: _____                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS: <b>1102 SNEED DT</b> | CITY-ST-ZIP: <b>ATMORE AL</b>   | 3.2 NAME: _____                                       |  |
|                                      |                                 | 3.3 STREET ADDRESS: _____                             |  |
|                                      |                                 | 3.4 CITY-ST-ZIP: _____                                |  |
| TITLE: _____                         | NAME: _____                     | 4.1 TITLE: _____                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS: _____                | CITY-ST-ZIP: _____              | 4.2 NAME: _____                                       |  |
|                                      |                                 | 4.3 STREET ADDRESS: _____                             |  |
|                                      |                                 | 4.4 CITY-ST-ZIP: _____                                |  |
| TITLE: _____                         | NAME: _____                     | 5.1 TITLE: _____                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS: _____                | CITY-ST-ZIP: _____              | 5.2 NAME: _____                                       |  |
|                                      |                                 | 5.3 STREET ADDRESS: _____                             |  |
|                                      |                                 | 5.4 CITY-ST-ZIP: _____                                |  |
| TITLE: _____                         | NAME: _____                     | 6.1 TITLE: _____                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS: _____                | CITY-ST-ZIP: _____              | 6.2 NAME: _____                                       |  |
|                                      |                                 | 6.3 STREET ADDRESS: _____                             |  |
|                                      |                                 | 6.4 CITY-ST-ZIP: _____                                |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Charlotte Moye / Bookkeeper*      DATE: **3-28-95**      TELEPHONE NUMBER: **334-296-2471**