

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

PROFIT CORPORATION ANNUAL REPORT - 2005 -		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P03000125073
1. Corporation Name

White's Automotive, Inc

Principal Place of Business Mailing Address
3124 N Main St
Jacksonville, FL 32206 2125

FILED
05 FEB 10 AM 9:17
SECRETARY OF STATE
4000 AZEE, FLORIDA

2. Principal Place of Business 21 same	2a. Mailing Address 26 same	3. Date Incorporated or Qualified 1-1-04	3a. Date of Last Report n/a
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 81-0638347	Applied For Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Zip	25 Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Frank A White
4720 Norwood Ave
Jacksonville, FL 32206 6152

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: President NAME: Frank A White STREET ADDRESS: 4720 Norwood Ave CITY-ST-ZIP: Jacksonville, FL 32206 6152	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE: ☐ DELETE NAME: ☐ DELETE STREET ADDRESS: ☐ DELETE CITY-ST-ZIP: ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE: ☐ DELETE NAME: ☐ DELETE STREET ADDRESS: ☐ DELETE CITY-ST-ZIP: ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE: ☐ DELETE NAME: ☐ DELETE STREET ADDRESS: ☐ DELETE CITY-ST-ZIP: ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE: ☐ DELETE NAME: ☐ DELETE STREET ADDRESS: ☐ DELETE CITY-ST-ZIP: ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE: ☐ DELETE NAME: ☐ DELETE STREET ADDRESS: ☐ DELETE CITY-ST-ZIP: ☐ DELETE	6.1 TITLE 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: FRANK A. WHITE Frank A White 1-18-05 904-355-0909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (12/95)