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Jan 31 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 # P29338

(1)

1. Corporation Name
WHITE SWAN, INC.



Principal Place of Business

1550 NORWOOD DRIVE
STE 225
HURST TX 76054
US

Mailing Address

1065 HWY 315
SUITE 407 ATTN J MORETTA
WILKES BARRE PA 18702-6941
US

3. Date Incorporated or Qualified

05/15/1990

3a. Date of Last Report

04/11/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 613 Baltimore Drive

Suite, Apt. #, etc.

27

City & State

28 Wilkes-Barre, PA

Zip

Country

29 18702

30 US

4. FEI Number

75-2333895

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CCEO ☐ DELETE

NAME BEVEVINO, FRANK H
STREET ADDRESS 1065 HWY 315 CROSS CREEK POINTE
CITY-ST-ZIP WILKES-BARRE PA

TITLE P ☐ DELETE

NAME MCMULEN, THOMAS G
STREET ADDRESS 1065 HWY 315 CROSS CREEK POINTE
CITY-ST-ZIP WILKES-BARRE PA

TITLE VP ☐ DELETE

NAME MCANALLY DAVID F
STREET ADDRESS 1065 HWY 315 CROSS CREEK POINTE
CITY-ST-ZIP WILKES-BARRE PA

TITLE CFOT ☐ DELETE

NAME SMITH, ROBERT
STREET ADDRESS 1065 HWY 315 CROSS CREEK POINTE
CITY-ST-ZIP WILKES-BARRE PA

TITLE VP ☐ DELETE

NAME COGSWELL, ROBERT
STREET ADDRESS 915 E 50TH ST
CITY-ST-ZIP LUBBOCK TX

TITLE VP ☐ DELETE

NAME DUANE, ROBERT
STREET ADDRESS 1515 BIG TOWN BLVD
CITY-ST-ZIP MESQUITE TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

613 Baltimore Drive
Wilkes-Barre, PA 18702

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

613 Baltimore Drive
Wilkes-Barre, PA 18702

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

613 Baltimore Drive
Wilkes-Barre, PA 18702

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

613 Baltimore Drive
Wilkes-Barre, PA 18702

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:

Robert D. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97
Date

717/831-7500
Daytime Phone #

CR2E034 (9/96)