SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P34746** **(8)**

1. Corporation Name

THE CLO WHITE COMPANY

Principal Place of Business	Mailing Address
P.O. BOX 456 HAMPTON GA 30228	P.O. BOX 456 HAMPTON GA 30228

3. Date Incorporated or Qualified: 07/15/1991
3a. Date of Last Report: 08/22/1995
4. FEI Number: 58-1553055 — [X] 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

2. Principal Place of Business	2a. Mailing Address
21	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

PARRISH, BEN
1701 AUSTALIAN AVENUE
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name: Jon Nordlund
82 Street Address (P.O. Box Number is Not Acceptable): 1701 Australian Avenue
83
84 City: Riviera Beach FL 85 Zip Code: 33404

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: Jon Nordlund

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		Delete	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change / Addition
TITLE	C	[ ] DELETE	1.1 TITLE		[ ] Change [ ] Addition
NAME	MAZO, IRWIN		1.2 NAME		
STREET ADDRESS	75 GEORGIA PACIFIC WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	HAMTPION GA		1.4 CITY-ST-ZIP		
TITLE	T	[ ] DELETE	2.1 TITLE		[ ] Change [ ] Addition
NAME	ROGERS, RICHARD		2.2 NAME		
STREET ADDRESS	75 GEROGIAS PACIFIC WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	HAMPTON GA		2.4 CITY-ST-ZIP		
TITLE	S	[X] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME	ESTUS, RICHARD A.		3.2 NAME		
STREET ADDRESS	401 MAL BOULEVARD, SUITE 201-A		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAVANNAH GA		3.4 CITY-ST-ZIP		
TITLE	D	[X] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME	CHASE, CHARLES C		4.2 NAME		
STREET ADDRESS	130 BARNARD PL		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLATNA GA		4.4 CITY-ST-ZIP		
TITLE	D	[X] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME	MANDERSON, LEWIS M., JR.		5.2 NAME		
STREET ADDRESS	100 CUMBERLAND CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP		
TITLE	D	[X] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME	GODSHALL, R.E.		6.2 NAME		
STREET ADDRESS	2060 MT. PARAN ROAD, NW, SUITE 101		6.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/13/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)