

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 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 # P93000010405 (7)

1. Corporation Name
WHITE TIGER ENTERPRISES, INC.



Principal Place of Business

4420 OLD HIGHWAY 37
LAKELAND FL 33813

Mailing Address

4420 OLD HIGHWAY 37
LAKELAND FL 33813-1578

3. Date Incorporated or Qualified
02/10/1993

3a. Date of Last Report
05/31/1996

2. Principal Place of Business

21 2810 Parkway ST.

2a. Mailing Address

26 409 CAREY PLACE

4. FEI Number
59-3169850

Applied For
Not Applicable

Suite, Apt. #, etc.

22 Unit 3(c)

Suite, Apt. #, etc.

27 City & State
Lakeland, FL 33803

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

City & State

23 Lakeland, Florida

City & State

28 Lakeland, FL 33803

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

24 33803

Country

25 USA

Zip

29 33803

Country

30 USA

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

9. Name and Address of Current Registered Agent

BROWN, CHRISTOPHER T
4420 OLD HIGHWAY 37
LAKELAND FL 33813
409 CAREY PLACE
Lakeland, FL 33803

10. Name and Address of New Registered Agent

81 Name BROWN, CHRISTOPHER Todd
82 Street Address (P.O. Box Number is Not Acceptable)
409 CAREY PLACE
83
84 City Lakeland, FL. FL 85 Zip Code 33803

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	D	<input checked="" type="checkbox"/> DELETE
NAME	GIANNINI, RENNIE V	
STREET ADDRESS	1134 SANDPIPER CT	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, CHRISTOPHER T	
STREET ADDRESS	4420 OLD HIGHWAY 37	
CITY - ST - ZIP	LAKELAND FL 33803	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, SCOTT(DONOVAN)	
STREET ADDRESS	2133 S. COUNTRY BEND	
CITY - ST - ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	S/D BROWN, Regina I.
2.3 STREET ADDRESS	409 CAREY PLACE
2.4 CITY - ST - ZIP	Lakeland, FL 33803
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: *Christopher Todd Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

Date

941-646-2670

Daytime Phone #

CR2E034 (9/96)