

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90083 026 ***150.00

DOCUMENT # P93000058193

1. Corporation Name

GUSTAVE J.S. WHITE COMPANY

Principal Place of Business

4440 P.G.A. BLVD.
SUITE 103
PALM BEACH GARDENS FL 33410

Mailing Address

4440 P.G.A. BLVD.
SUITE 103
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1993

4. FEI Number

65-0428632

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 owes the current year Intangible
Personal Property Tax.

☐

Yes No

2. Principal Place of Business

21 236 BEACON LANE

Suite, Apt. #, etc.

22 City & State

23 TEQUESTA, FL

Zip

Country

24 33469

25 PALM BEACH

2a. Mailing Address

26 236 BEACON LANE

Suite, Apt. #, etc.

27 City & State

28 TEQUESTA, FL

Zip

Country

29 33469

30 PALM BEACH

9. Name and Address of Current Registered Agent

WOLLETT, CYLESTE A
4440 P.G.A. BLVD.
SUITE 103
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4440 PGA BLVD.

83 SUITE 402

84 City

PALM BEACH GARDENS

FL

85 Zip Code

33410

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

T
DUNN, PETER
272 VALLEY RD.
MIDDLETOWN RI

☐ DELETE

P
BRADLEY, WILLIAM A.
272 VALLEY RD.
MIDDLETOWN RI

☐ DELETE

S
BARDORFD, BRIAN
272 CALLEY RD
MIDDLETOWN RI

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

236 BEACON LANE

1.4 CITY-ST-ZIP

TEQUESTA, FL 33469

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER DUNN, TRES.

Date

Daytime Phone #

CR2E034 (11/98)