PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORFORATIONS

1996

DOCUMENT # P93000059446 (3)
1. Corporation Name

WHITE FINANCIAL SERVICES, INC.

Principal Place of Business
2515 COUNTRYSIDE BLVD. #B

Mailing Address

2515 COUNTRYSIDE BLVD. #B CLEARWATER FL 34623



CLEARWAIE	n rt 34023	,	CLEAHWATER FL 34623				
							3. Date Incorporated or Qualified
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
21			6				59-3199136 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired See Required \$8.75 Additional
City & State			City & State				6. Flection Campaign Financing \$5.00 May Be
23			1				Trust Fund Contribution Added to Fees
Zip	Countr	у	Zip	Cour	ntry		8. This corporation has liability for intangible tax under s. 199.032,
24	25	29		30			Florida Statutes
9. Name and Address of Current Registered Age							10. Name and Address of New Registered Agent
				['	81	Name	
MACK, RAY			82 Street Add		Street Ac	dress (P.O. Box Number is Not Acceptable)	
2515 COUNTRYSIDE BLVD. #B			<u> </u>				
CLEARWATER FL 34623				[83		
				7	84	City	FI 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, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required						pired when reinstaling) DANE	
12.		OFFICERS AND DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		DELETE	1. 1 TIT	t.E		Change (Addition
NAME WHITE, JAY J			1.2 NAME				
STREET ADDRESS 3536 LANDMARK TRAIL			: 1.3 STREFT A		ADDRESS		
CITY - ST - ZIP	PALM HARBOR F	·L 34684		1.4 CH	*****	[-7IP	
TITLE	SD		DEFELE	2 1 TIT			Change Maddition
NAME WHITE, DEBRA S			. 2.2 NAME				
STREET ADDRESS 3536 LANDMARK TRAIL					2 3 STREET ADDRESS		
City-St-ZiP PALM HARBOR FL 34684			24 CITY- DELETE 3 1 TITLE			1-7IP	
TITLE NAME			[] ottett	3 1 TIT			☐ Change ☐ Addition
STREET ADDRESS			3.2 NAME		1000000		
CITY-SI-ZIP				3 3. STREET ADDRESS 3 4 C(1Y-S1-7)P			
TITLE			DELETE			-718	☐ Change ☐ Addition
NAME			[]	4.2 NAM			onlings
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP				4.4 CIT		į.	
TITLE			DELETE	5 1 117			Change Addition
NAME				5.2 NAN	ME	ł	
STREET ADDRESS		•		5 3 S1R	ŒET.	ADDRESS	
CITY-ST-ZIP				5.4 CIT		1	
TITLE			DELETE	6. 1 TiT			Change Addition
NAME				6.2 NAM	ME		
STREET ADDRESS				63 STR	REET	ADDRESS	
CITY-ST-ZIP				6.4 CITY-ST-ZIP		r-zip	
14 Ldo bereb	v certify that the informa	tion supplied with this f	ling le voluntarily furnie				fu for the witer, stated in Section 110 07/3VM Florida Statutos I further

4. I do nereby certify that the information supplied with this filling is voluntarily turnshed and does not quality for the certify that the information indicated on this annual report or supplemental annual report is true and accurate a cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this rappears in Block 12 or Block 13 if changed, or on an attachment with an address.

ption stated in Section 119.07(3)(k), Florida Statutes, I further at my signature shall have the same legal effect as if made under a required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

TO THE OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

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