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Secretary of State
04-22-1999 90060 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P93000059446

1. Corporation Name
WHITE FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
~~2515 COUNTRYSIDE BLVD. #B~~ ~~CLEARWATER FL 34620~~ 19924 PASO FINO WAY DADE CITY, FL 33523	~~2515 COUNTRYSIDE BLVD. #B~~ ~~CLEARWATER FL 34620~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 P.O. BOX 372
Suite, Apt. #, etc. 22
City & State 23 TRILBY, FL
Zip 24 33593 Country 25

2a. Mailing Address
26 P.O. BOX 372
Suite, Apt. #, etc. 27
City & State 28 TRILBY, FL
Zip 29 33593 Country 30

3. Date Incorporated or Qualified
08/20/1993

4. FEI Number
59-3199136
☐ 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

9. Name and Address of Current Registered Agent

~~MACK, RAY~~
~~2515 COUNTRYSIDE BLVD. #B~~
~~CLEARWATER FL 34620~~
JAY WHITE 19924 PASO FINO WAY DADE CITY, FL 33523

10. Name and Address of New Registered Agent

81 Name: JAY J. WHITE
82 Street Address (P.O. Box Number is Not Acceptable): P.O. BOX 372
83
84 City: TRILBY FL 85 Zip Code: 33593

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 (X) _____ (X) 4-19-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	~~WHITE, JAY J~~		1.2 NAME	JAY J. WHITE	
STREET ADDRESS	~~15210 AMBERLY DR 1116~~		1.3 STREET ADDRESS	P.O. BOX 372	
CITY-ST-ZIP	~~TAMPA FL 33647~~		1.4 CITY-ST-ZIP	TRILBY, FL 33593	
TITLE	SD	☒ DELETE	2.1 TITLE	S	☒ Change ☐ Addition
NAME	~~WHITE, DEBRA G~~		2.2 NAME	DEBRA S. WHITE	
STREET ADDRESS	~~15210 AMBERLY DR 1116~~		2.3 STREET ADDRESS	P.O. BOX 372	
CITY-ST-ZIP	~~TAMPA FL 33647~~		2.4 CITY-ST-ZIP	TRILBY, FL 33593	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (1.1.98)

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 (X) SIGNATURE REQUIRED (X) 4-19-99 (X) 518-8336
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

(352)