

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000079742 (1)

1. Corporation Name

MIT WHITE, INC.

Principal Place of Business

6627 PICCADILLY LANE
ORLANDO FL 32835

Mailing Address

6627 PICCADILLY LANE
ORLANDO FL 32835

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1993

3a. Date of Last Report

04/07/1994

4. FBI Number

59-2634723

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

21 3628 BARBARY DR

Suite, Apt. #, etc.

22

City & State

23 TALLAHASSEE FL

Zip

24 32308

Country

25 LEON

2a. Mailing Address

26 3628 BARBARY DR

Suite, Apt. #, etc.

27

City & State

28 TALLAHASSEE FL

Zip

29 32308

Country

30 LEON

9. Name and Address of Current Registered Agent

WHITE, MIT R
6627 PICCADILLY LANE
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name

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

3628 BARBARY DR

83

84 City

TALLAHASSEE

FL

85 Zip Code

32308

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 re-registering)

DATE

4-20-95

12. OFFICERS AND DIRECTORS

TITLE

D
NAME
WHITE, MIT R
STREET ADDRESS
6627 PICCADILLY LANE
CITY - ST - ZIP
ORLANDO FL 32835

TITLE

D
NAME
WHITE, CARLOYN M
STREET ADDRESS
6627 PICCADILLY LANE
CITY - ST - ZIP
ORLANDO FL 32835

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

3628 BARBARY DR
TALLAHASSEE FL 32308

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3628 BARBARY DR
TALLAHASSEE FL 32308

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature/Name #

4-20-95 (904) 6686777