

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90065 017 ***150.00

DOCUMENT # P94000005733

1. Entity Name
H.S. WHITE CORPORATION



Principal Place of Business
**3901 NE 12TH AVE
POMPAHO BEACH, FL 33064-5129**

Mailing Address
**3901 NE 12TH AVE
POMPAHO BEACH, FL 33064-5129**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 5088

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192008

Chg-P

CR2E034 (12/06)

City & State

City & State

Fort Lauderdale, FLA

4. FEI Number

65-0462528

Applied For

Not Applicable

Zip

Country

Zip

33310

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITE, HOWARD D.
% UNAFLEX, INC.
2056 N. DIXIE HWY.
FT. LAUDERDALE, FL 33305**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11'

TITLE **V** ☐ Delete
NAME **WHITE, HORACE S**
STREET ADDRESS **3901 NE 12TH AVE**
CITY-ST-ZIP **POMPAHO BEACH, FL 33064**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **WHITE, HOWARD D**
STREET ADDRESS **3901 NE 12TH AVE**
CITY-ST-ZIP **POMPAHO BEACH, FL 33064**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary 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 10 or Block 11 if changed, or on an attachment with an address, with all other information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/08

Date

954-943-0002 #304

Daytime Phone #