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1997 APR 24 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000005773 (4)**

1. Corporation Name  
**JOHNNY WHITE, INC.**

Principal Place of Business  
~~3006 WINDY HILL LANE~~  
**TALLAHASSEE FL 32308**

Mailing Address  
~~3006 WINDY HILL LANE~~  
**TALLAHASSEE FL 32308**

3. Date Incorporated or Qualified <b>01/25/1994</b>	3a. Date of Last Report <b>05/09/1996</b>
4. FEI Number <b>59-3219346</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>3006 Windy Hill Lane</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>3006 Windy Hill Lane</b> Suite, Apt. #, etc.
22 City & State 23 <b>Tallahassee, FL</b> Zip 24 <b>32308</b> Country 25	27 City & State 28 <b>Tallahassee, FL</b> Zip 29 <b>32308</b> Country 30

9. Name and Address of Current Registered Agent  
**WILLIAMS, PEGGY K**  
**9023 EAGLE'S RIDGE DR.**  
**TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent 81 Name <b>Johnny White</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3006 Windy Hill Lane</b> 83 84 City <b>Tallahassee</b> FL 85 Zip Code <b>32308</b>
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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 **Johnny White, President**  DATE **4/24/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <b>WILLIAMS, PEGGY K</b> <b>9023 EAGLE'S RIDGE DR.</b> <b>TALLAHASSEE FL 32312</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP	<b>600002157816-94</b> <b>-04/29/97--01034--004</b> <b>*****173.75 *****173.75</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <b>WHITE, JOHNNY</b> <b>3006 WINDY HILL LANE</b> <b>TALLAHASSEE FL 32312</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP	<b>Secretary/Treasurer</b> <b>Cathy C. White</b> <b>3006 Windy Hill Lane</b> <b>Tallahassee, FL 32308</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE:  DATE **4/24/97** DAYTIME PHONE # **422-3833**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR