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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 AM 9:22

DOCUMENT # **P94000083138 (5)**

1. Corporate Name
WHITE HOUSE CONCEPTS, INC.

Principal Place of Business	Mailing Address
3738 SUTTERS MILL CIRCLE CASSELBERRY FL 32707	3738 SUTTERS MILL CIRCLE CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/10/1994** | 3a. Date of Last Report:

2. Principal Place of Business
21 5350 McIntosh Point
Suite, Apt. #, etc.
22 Suite 134
City & State
23 Sanford FL
Zip 24 32773 | Country 25 USA

2a. Mailing Address
26 3730 Suttersmill Circle
Suite, Apt. #, etc.
27
City & State
28 Casselberry FL
Zip 29 32707 | Country 30 USA

4. FEI Number: 59-3279686 ☐ 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

9. Name and Address of Current Registered Agent

COOPER, DOUGLAS L
3738 SUTTERS MILL CIRCLE
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name: KARL B KUCIA
82 Street Address (P.O. Box Number is Not Acceptable): 3730 Suttersmill Circle
83
84 City: Casselberry FL 85 Zip Code: 32707

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: Karl B. Kucia (Signature, type or print name of registered agent, and title if applicable) — NOTE: Registered Agent signature required when reinstating — DATE: 5-29-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	President D	☒ Change ☐ Addition
NAME	SMITH, DEBRA E	12 NAME		
STREET ADDRESS	238 ACRON DRIVE	13 STREET ADDRESS	194 N. Short Street	
CITY ST ZIP	LONGWOOD FL 32762	14 CITY ST ZIP	Lake Mary, FL. 32746	
TITLE		21 TITLE	Secretary Treasurer D	☐ Change ☒ Addition
NAME		22 NAME	KARL B Kucia	
STREET ADDRESS		23 STREET ADDRESS	3730 Suttersmill Circle.	
CITY ST ZIP		24 CITY ST ZIP	Casselberry FL. 32707	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: Debra E Smith - Pres — 4-6-95 (Date) — (407) 330-9423 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0037267 CP