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 MAR 30 AM 7:39

DOCUMENT # **P94000084147 (5)**

1. Corporation Name
WHITE DIRECTORY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
% HODGSON RUSS ANDREWS WOODS & GOODYEAR 2000 GLADES RD SUITE 400 BOCA RATON FL 33431	% HODGSON RUSS ANDREWS WOODS & GOODYEAR 2000 GLADES RD SUITE 400 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1994
3a. Date of Last Report:

2. Principal Place of Business
21 4400 BAYOU BOULEVARD
Suite, Apt. #, etc.
22 UNIT 58A
City & State
23 PENSACOLA, FLORIDA
Zip 24 32503 Country 25 ESCAMBIA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3279446 ☐ 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

HRAWG CORP
2000 GLADES RD SUITE 400
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (DATE: Registered Agent signature required when mailed by)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	☐ Change ☐ Addition
NAME	RICHARD D LEWIS	12 NAME	
STREET ADDRESS	1945 SHERIDAN DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO, NEW YORK 14223	14 CITY ST ZIP	
TITLE	S/D	21 TITLE	☐ Change ☐ Addition
NAME	JANE LEWIS CORWIN	22 NAME	
STREET ADDRESS	1945 SHERIDAN DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO, NEW YORK 14223	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WILBUR D LEWIS	32 NAME	
STREET ADDRESS	1945 SHERIDAN DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO, NEW YORK 14223	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	NANCY J. DAVIS	42 NAME	
STREET ADDRESS	1945 SHERIDAN DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO, NEW YORK 14223	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	NANETTE J. RUNG	52 NAME	
STREET ADDRESS	1945 SHERIDAN DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO, NEW YORK 14223	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 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: _____ (RICHARD D LEWIS) 3-22-95 716 875 9100 M49
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #