

3-6-97 B-2731 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McRath Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000084147 (5)**

1. Corporation Name
WHITE DIRECTORY OF FLORIDA, INC.



Principal Place of Business 4400 BAYOU BOULEVARD UNIT 58A PENSACOLA FL 32503 US	Mailing Address % HODGSON RUSS ANDREWS WOODS & GOODYEAR 2000 GLADES RD SUITE 400 BOCA RATON FL 33431-8599
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3. Date Incorporated or Qualified 11/17/1994	3a. Date of Last Report 03/27/1996
4. FEI Number 59-3279446	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 4400 BAYOU BOULEVARD	2a. Mailing Address 26
Suite, Apt. #, etc. 22 UNIT 58A	Suite, Apt. #, etc. 27
City & State 23 PENSACOLA, FLORIDA	City & State 28
Zip 24 32503	Country 25 ESCAMBIA
Zip 29	Country 30

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	
		85 Zip Code FL	

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, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEWIS, RICHARD D		1.2 NAME	
STREET ADDRESS 1945 SHERIDAN DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP BUFFALO NY 14223		1.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEWIS-CORWIN, JANE		2.2 NAME	
STREET ADDRESS 1945 SHERIDAN DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP BUFFALO NY 14223		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEWIS, WILBUR D		3.2 NAME	
STREET ADDRESS 1945 SHERIDAN DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP BUFFALO NY 14223		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS, NANCY J		4.2 NAME	
STREET ADDRESS 1945 SHERIDAN DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP BUFFALO NY 14223		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUNG, NANETTE J		5.2 NAME	
STREET ADDRESS 1945 SHERIDAN DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP BUFFALO NY 14223		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Nancy J. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-97
Date

Daytime Phone #

CR2E034 (9/96)