CR2E034 (5/98)

	TICE: CORPORATION WILL BE DI E ON OR BEFORE 09/30/98: \$550 (IF DISS								
COR ANNU	PROFIT RPORATION JAL REPORT	FLORIDA DEPART Sandra B. I Secretary DIVISION OF CO	Mortham of State	1					
DOCU 1. Corporatio	MENT # P950000	000031 (1)							
	WHITE, INC.	(.,							
GILAI	THILE INO				1181	ANKORN IKO KONON ONING DAKIN OOK	)   <b>4 6</b> 111 <b>4 6</b> 141 <b>4</b>	<b>68): A B</b> ill <b>A B</b> il <b>s a</b> 111 <b>8</b> : f	
	<u></u>								
Principal Plac	e of Business	Mailing Address			''-'				
392 e. Pine Suite B		392 E. PINE Suite B							
Mary Esther	FL 32569	MARY ESTHER FL 32569				DO NOT WRIT	TE IN THIS	SPACE	
					3. Date Inc 01/01/1	corporated or Qualified I			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Nun			Applied	For
21		26			59-32	88816		Not App	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifica	te of Status Desired		\$8.75 Addition Fee Require	
City & Stat	· · · · · · · · · · · · · · · · · · ·	City & State			6 Flection	Campaign Financing		\$5.00 May	
23	<b>.</b>	28				nd Contribution		Added to Fee	
Zip	Country	Zip	Country			poration owes or has p		<b>1</b> '	le
24	[25] 9. Name and Address of Current	29   30 Registered Agent	D.T1	· ·		I Property Tax due Jun nd Address of New R		Yes No	
WEE	KS, ETHEL M		81	Name				<u> </u>	
392	E. PINE		82	Street	Address (P.O. Box I	Number is Not Accepta	ble)		
MAR	Y ESTHER FL 32569						<u> </u>		
			83						
			84	City		-	FI	85 Zip Code	
11. Pursuant	to the provisions of sections 607,0502	and 607.1508, Florida Statutes,	the above	named o	orporation submits th	nis statement for the pu	rpose of ch	anging its register	ed
office or agent. I a	regis <b>ter</b> ed agont, or both, in the State o am <mark>fam</mark> lliar with, and accept the obligati	f Florida. Such change was auti ons of, section 607.0505, Florid	horized by la Statutes	the corp i.	oration's board of di	rectors. I hereby accep	t the appoir	Iment as register	ed
SIGNATURE			- =				5175	<del></del>	
12.	Signature, typicd or printed name of registered agent a OF FICE RS AND		13.	gent signati	re required whon reinstating ADDITIO	) NS/CHANGES TO OFF	DATE FICERS AN	D DIRECTORS II	N 12
TITLE	P -	X DELETE	1.1 TITLE		P				Addition
NAME	CHAVIS, MICHAEL		1.2 NAME		weeks, G	erald 6			
STREET ADDRESS	304 E. WILDWOOD MARY ESTHER FL 32569		1.3 STREET	ADDRESS	392 E PI	V& 5T	e16		
CITY-ST-ZIP TITLE	Nb	DELETE	1.4 CITY ST 2.1 TITLE	-ZIP	MAKY EST	HER, FL 32	. 567	Change	
NAME	WEEKS, GERALD E	Minerele	2.2 NAME		Chavis C	LINDN	l	Change 🛂	Addition
STREET ADDRESS	392 E PINE ST		2 3 STREET	ADDRESS	Chavis, C	400W QL			
CITY-ST-ZIP	MARY ESTHER FL 32589		2 4 CITY-ST	-ZIP	MARY EST	HER, FL 3:	2569		
TITLE	st — We <b>e</b> ks, ethel M	DELETE	3 1 TITLE				[	Change .	Addition
NAME	392 E. PINE ST		3.2 NAME	ADDDCCC					
STREET ADDRESS CITY-ST-ZIP	MARY ESTHER FL 32569		3.3 STREET 3.4 CHY-ST						
TITLE		DELETE	4.1 TITLE	.=:	· <del></del>			Change /	Addition
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREET						
CHTY-ST-ZIP TITLE	·	<u> </u>	4.4 CITY-ST 5.1 THLE	-ZIP				7,	1 ( 00
NAME		[ foelete	5.1 THEE 5.2 NAME				1	Change /	Addition
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 C/TY-ST						
TITLE		DELETE	6.1 TITLE	,	-			Change/	Addition
NAME			6.2 NAME	48885					

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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.

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