

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 AUG 26 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000004813 (8)

1. Corporation Name
WHITE CLOUD, INC.

Principal Place of Business
323 S. GLEN ARVEN AVE.
TEMPLE TERRACE FL 33617

Mailing Address
323 S. GLEN ARVEN AVE.
TEMPLE TERRACE FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1995

4. FEI Number

65-0562675

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

PHILLIPS, R. PATRICK ESQ.
200 N. THORNTON AVE.
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME JOINER, JAMES A
STREET ADDRESS 323 S. GLEN ARVEN AVE.
CITY-STATE-ZIP TEMPLE TERRACE FL 33617

TITLE D ☐ DELETE

NAME DUNCAN, BRUCE E
STREET ADDRESS 10913 U.S. 92 EAST
CITY-STATE-ZIP SEFFNER FL 33584

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

600002628006--9
-08/28/98--01080--022

****150.00--****150.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

7-7-98

813 740000

CR2E034 (5/98)

CHECK ENCLOSED 8/13/98
to whom it May Concern - (2)

THIS IS THE THIRD TIME
I HAVE SENT THIS. MY FIRST,
CHECK TO DATE, HAS NOT BEEN CASHED.
AFTER RECEIVING YOUR SECOND NOTICE
I MADE A PHONE CALL AND RE-MAILED
THIS AGAIN, ALONG WITH A LETTER.
YOU HAVE RETURNED THIS, AND NOW
AFTER CALLING AGAIN, I HAVE
BEEN TOLD TO SEND IT BACK WITH
A SECOND LETTER. PLEASE HELP.
IF YOU HAVE ANY QUESTIONS,
CALL 813-740-0000 DAYTIME
813-980-3850 EVENING.

THANK YOU,