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THORY **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

WHITE GOLD, INC.

P95000005030 (8)

FILED Jan 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 725 S.E. WEST VIRGINIA AVE. 725 S.E. WEST VIRGINIA AVE. PORT ST. LUCIE FL 34983 PORT ST. LUCIE FL 34983 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/17/1995 2a. Mailing Address - .. 2. Principal Place of Business FEI Number Applied For 65-0546932 21 265 SW PORT ST LUCIE BLVD Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Box 201 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 PORT ST LUCIE Trust Fund Contribution Added to Fees Zip Zlp Country 8. This corporation owes or has paid the current year Intangible 24 34984 30 ST LUCIE 25 29 Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BUCK, KENNETH 725 S.E. WEST VIRGINIA AVE. Street Address (P.O. Box Number is Not Acceptable) PORT ST. LUCIE FL 34983 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Addition Change BUCK, KENNETH NAME 12 NAME 725 S.E. WEST VIRGINIA AVE. STREET ADDRESS 1.3 STREET ADDRESS PORT ST. LUCIE FL 34983 CITY-ST-7IP 1.4 CITY-ST-ZIP TITLE ☐ DELETE 21 TITLE Change 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Спалде NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 DTLF Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST-ZIP ☐ DELETE TITLE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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.

LE BEOREMEIH BUCK SIGNATURE: