

FILED

May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		May 13 1998 8:00a Secretary of State	
DOCUMENT # P95 000013617 1. Corporation Name Whitey Enterprises, Inc.							
Principal Place of Business NC6 BOX 244 Reedo Spring, MO 65737				Mailing Address SAME		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business				2a. Mailing Address		3. Date Incorporated or Qualified 02/17/95	
21. Suite, Apt. #, etc.				26. Suite, Apt. #, etc.		4. FEI Number 59-3302439	
22. City & State				27. City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23. Zip				28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. Country				29. Country		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 Richard E. Straughn, Esquire 255 Magnolia Ave., SW Winter Haven, FL 33880						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 of person or persons name of registered agent and if third applicable (NOTE: Registered Agent signature required when reinstating)							
DATE							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE NAME STREET ADDRESS CITY-ST-ZIP PVST Jacqueline Elliott NC6 Box 244 Reedo Springs, MO 65737				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
4. TITLE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
5. TITLE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
6. TITLE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE 6.2 NAME 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 included 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 this 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: Jacqueline Elliott				04/30/98 (41.7) 272-9800			
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			