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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

P95000014953 (0) **DOCUMENT #** Corporation Name WHITE BIRCH CORP. Principa! Place of Business Mailing Address 1232 TURKEY CREEK DR NE 1232 TURKEY CREEK DR NE PALM BAY FL 32905 PALM BAY FL 32905 3. Date Incorporated or Qualified 3a. Date of Last Report 02/22/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59- 3299467. 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 \Box 28 Trust Fund Contribution Added to Fees Zιο Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DETTMER, DALE A Street Address (P.O. Box Number is Not Acceptable) 780 S APOLLO BLVD MELBOURNE FL 33901 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. Thereby 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 harne of registrates again that distant accordate INCITE. Flugisteral Agent against he halpined when renoturing 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE DELETE 1.17.108 Addition BROWN, EDWARD E NAME 1.2 NAME CR2E034 1232 TURKEY CREEK DR STREET ADDRESS 1.3 STREET ADDRESS PALM BAY FL 32905 CITY - SI - ZIP 1.4 CITY - ST - ZIP THEE DELETE 2.1 TITLE Addition BROWN, BARBARA P NAME 2.2 NAME STREET ADDRESS 1232 TURKEY CREEK DR 2.3 STREET ADDRESS PALM BAY FL 32905 CHY-ST-ZIP 24 CHTY-ST ZIP TITLE DELETE 3 1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS C(TY - ST - Z(F 3.4 CITY - ST - ZIP TITLE DELETE 4 1 TiTLE Change Addition: NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C+TY - ST - Z+P TITLE DELETE 5 1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIF 5 4 CIFY - ST - ZIP TITLE DELETE 6 1 TIFLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREE! ADDRESS CHTY - ST-ZIP 64 CITY - S1 - 7'P 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Onapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

BULLE D. GLOW NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR