

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000016424 (0)
1. Corporation Name

WHITE/PULLMAN-HOLT CORPORATION



Principal Place of Business: **18007 CLEAR LAKE DR LUTZ FL 33549**
Mailing Address: **18007 CLEAR LAKE DR LUTZ FL 33549**

3. Date Incorporated or Qualified: **02/28/1995**
3a. Date of Last Report: []
4. FEI Number: **59-3331197**
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 has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

2. Principal Place of Business: [21] Suite, Apt. #, etc. [22] City & State [23] Zip [24] Country [25]
2a. Mailing Address: [26] Suite, Apt. #, etc. [27] City & State [28] Zip [29] Country [30]

9. Name and Address of Current Registered Agent

**CAMPBELL, JOHN W
101 E KENNEDY BLVD
SUITE 1080
TAMPA FL 33602**

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 type 12 (print name) or type 13 (signature) required when filing.

(NOTE: Registered Agent signature required when filing.)

Date

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	BAKER, JEFF	
STREET ADDRESS	46 JENNIFER RD	
CITY - ST - ZIP	GLENVILLE NY 12302	
TITLE	DVTS	<input type="checkbox"/> DELETE
NAME	HALLUSKA, THOMAS	
STREET ADDRESS	18007 CLEAR LAKE DR	
CITY - ST - ZIP	LUTZ FL 33549	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	STANIS, PIERRE	
STREET ADDRESS	8897 NW 20TH MANOR	
CITY - ST - ZIP	CORAL SPRINGS FL 33071	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, ROBERT	
STREET ADDRESS	2413 BAY SHORE BLVD #1703	
CITY - ST - ZIP	TAMPA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	EUKOVICH, ROBERT	
STREET ADDRESS	2632 BRIDLE DR	
CITY - ST - ZIP	PLANT CITY FL 33566	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas Halluska* 6/17/96 813-971-2223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **THOMAS HALUSKA**
Date: 6/17/96 Digitized Block # 813-971-2223

CR2E034 (3/96)