

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000042645 (8)**  
1. Corporation Name  
**WHITEWOOD CORPORATION INC**



Principal Place of Business <b>438 ST. ARMANDS CIR SARASOTA FL 34236</b>	Mailing Address <b>438 ST. ARMANDS CIR SARASOTA FL 34236-1428</b>
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3. Date Incorporated or Qualified <b>05/25/1995</b>	3a. Date of Last Report <b>07/09/1996</b>
4. FEI Number <b>65-0656924</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>7655 W. GULF TO LAKE HWY</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22 <b>SUITE 1 UNIT A</b>	Suite, Apt. #, etc. 27
City & State 23 <b>CRYSTAL RIVER FL.</b>	City & State 28
Zip 24 <b>34223</b>	Country 25 <b>U.S.A</b>
Country 29	Zip 30

9. Name and Address of Current Registered Agent  
**PHILLIPS, ARTHUR  
438 ST. ARMANDS CIR  
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

B1 Name	<b>PHILLIPS ARTHUR</b>
B2 Street Address (P.O. Box Number is Not Acceptable)	<b>7655 W. GULF TO LAKE HWY UNIT 1A</b>
B3	
B4 City	<b>CRYSTAL RIVER FL</b>
B5 Zip Code	<b>34223</b>

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 file # if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>PHILLIPS, ARTHUR</b>	
STREET ADDRESS	<b>7655 W. GULF TO LAKE HWY STE 1 UNIT A</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34223</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: \_\_\_\_\_ **APRIL 97**

CR2E034 (9/96)