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PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 25, 1999 8:00 am**  
**Secretary of State**

06-25-1999 90008 018 \*\*\*150.00

**DOCUMENT # P95000054057**

1. Corporation Name

**MICHAEL WHITE ASSOCIATES, INC.**

Principal Place of Business

**1160 BEACH AVENUE  
ATLANTIC BEACH FL 32233**

Mailing Address

**1160 BEACH AVENUE  
ATLANTIC BEACH FL 32233**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/13/1995**

4. FEI Number

**59-3325631**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

**WHITE, ROBERT M  
1160 BEACH AVENUE  
ATLANTIC BEACH FL 32233**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME **WHITE, KATHLEEN A**  
STREET ADDRESS **1160 BEACH AVENUE**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE VPTD ☐ DELETE

NAME **WHITE, ROBERT M**  
STREET ADDRESS **1160 BEACH AVENUE**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Add

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Add

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Add

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Add

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Add

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Add

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 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, with all other like empowered.

SIGNATURE:

**Kathleen Palo White**

**6/2/99**

**(404) 347-9**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MICHAEL WHITE ASSOCIATES**

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June 2, 1999

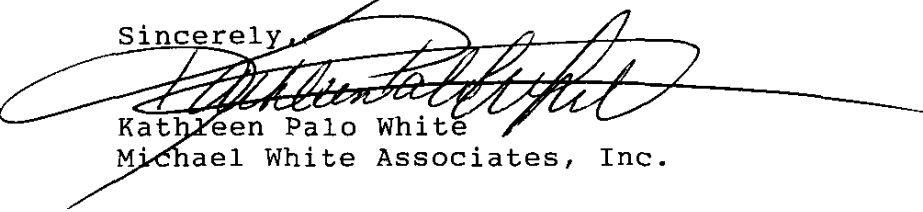
Ms. Katherine Harris  
Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Ms. Harris,

This is to notify you that I received our 1999 Profit Corporation Annual Report Packet on May 31, 1999. As the deadline was May 1, 1999, there was no way I could meet that deadline, due to receiving it late via the U.S. Postal Service.

Enclosed is our check for \$150.00 filing fee. You may reach us at (404)347-9743 if you need further information. Thank you very much.

Sincerely,



Kathleen Palo White  
Michael White Associates, Inc.