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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

## FILED Apr 29 1997 8:00am Secretary of State

DOCUMENT # P95000059380 (2)  1. Corporation Name E.P. WHITE, INC.  Principal Place of Business  Mailing Address  4333 B SOUTH TAMIAMI TRAIL SARASOTA FL 34231  SARASOTA FL 34231-3427										
						3. Date Incorporated or Qualified 08/01/1995	3a. Date of 05/01/19		eport	
	Place of Business	2a. Mailing Address				4. FEI Number	1 00,0 1, 1.		plied For	
21		26				59-3328221			t Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	e	City & State				Election Campaign Financing     Trust Fund Contribution	, ,		May Be to Fees	
7ip	Country 25	Z(p)	Countr 30	у		8. This corporation has liability for	ntangible tax u		199.032,	
	g. Name and Address of Curre				1	0. Name and Address of New Re				
AME	RMAN, CARL E		81	Name						
1124 SOUTH CYPRESS POINT DR				82 Street Ad		ddress (P.O. Box Number is Not Acceptable)				
VENI	ICE FL 34293									
]			83	<b>'</b>						
			64	City			FL 85	Zip (	Code	
	to the provisions of Sections 607.05						urpose of char			
office or r agent 1 a SIGNATURE	registered agent, or both, in the Statem familier with, and accept the obli	gations of, Section 607.0505, FI	orida Statute	is.		4	-22-9)	_	registered	
12.	Signature, typing or provided name of registered a OFFICERS A	gent and tille if applicable (NOT ND DIRECTORS	E: Registered Ac			ADDITIONS OF AN OCCUR	EDO AND DID		S IN 12	
TITLE	PSTD	DELETE	1.1 TITLE		PS T	ADDITIONS/CHANGES TO OFFICE P. Eilcen P. Avenida Dol Mar esota, Fl. 3y2y2	<b>V</b> 0		Addition	
NAME:	WHITE, EILEEN P		1.2 NAME		white	e, Eileen P.				
STREET ADDRESS	615 JEFFERSON AVE		1.3 STREE	T ADDRESS	5516	Avenida Del Mar				
CITY-S1-ZIP	SARASOTA FL 34237		1.4 CITY-	ST-ZIP	Sam	sota Fl. 31242				
THILE		☐ DELETE	2.1 TITLE			7		hange	Addition	
NAME			2.2 NAME	1						
STREET ADDRESS	ļ		2.3 STREE	T ADDRESS						
C11Y - S1 - Z1P	····	T DELETE	2.4 CITY	ST-ZIP			· · · · · · · · · · · · · · · · · · ·		Addition	
TITLE	}	DELETE	3.1 TITLE	İ				hange	L Addition	
NAME STREET ADDRESS			3.2 NAME	T ADDRESS						
CITY-ST-ZIP			3.4, CITY							
1/1LE		☐ DELETE	4.1 TITLE	31-211				hange	Addition	
NAME			4. 2 NAMI	:	i			•		
STREET ADDRESS			4.3 STREE	T ADDRESS						
CITY-SI-ZIP			4.4 CITY-	ST-ZIP						
TITLE		DELETE	5.1 TITLE					hange	Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	T ADDRESS	'					
CITY-SI-7IP	<u>                                     </u>	T1	5.4 CITY-	ST-ZIP					F	
DILE		☐ DELETE	61 TITLE	İ				hange	Addition	
NAME	}		6.2 NAME	1	l					
STREET ADDRESS	•			T ADDRESS						
City - S <sup>r</sup> - 7iP 14. I do here!	by certify that the information suppli	ed with this filing does not qual	6.4 CITY- ify for the ex		tated in	Section 119.07(3)(i). Florida Statute	s. I further certi	ly 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 roceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if charged unreal annual report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if charged unreal annual report as required by Chapter 607, Florida Statutes; and that my name