1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000078460 (9) 1. Corporation Name

LARRY K. WHITE, P.A.

Principal Place of Business

1311 B PAUL RUSSELL ROAD

TALLAHASSEE FL 32301

SUITE 203

Mailing Address

1311-B PAUL RUSSELL ROAD

SUITE 203

TALLAHASSEE FL 32301

FILED

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	ETARY OF STATE HASSEE, ELORIDA
TATEM	EMENT OR

				Date Incorporated or Qualified 10/12/1995	l	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Analised Fee	
	E. Park, Bldg. c	26 820 E. Par	KANE ALL		Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				\$8.75 Additional		
22 Tallahassee, Florida 27 1 a lahassee, FL			5. Certificate of Status Desired	Fee Required		
City & State City & State			Election Campaign Financing	Election Campaign Financing \$5.00 May Be		
28			Trust Fund Contribution			
Zip 24 3230			Country S	8. This corporation owes or has paid the currer Personal Property Tax due June 30.	nt year Intanglbie Yes	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Ac	gent	
WHITE, LARRY K ESQ. 81 Name						
	1-B PAUL RUSSELL ROAD		FE, LARRY K., ESQ. Address (P.O. Box Number is Not Acceptable)	LAKKY K., ESO.		
				E. Park Ave., Bldg. C		
TAL	LAHASSEE FL 32301		83	•		
			7all	Lahassee	85 Zip Code	
				FL		
11. Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statutes,	the above-named co		nging its registered	
office or agent 1:	registered agent, or both, in the State of am familiar with and accept the distinct	of Florida, Such change was autions of section 607 #509 Flori	thorized by the corpo	orporation submits this statement for the purpose of char oration's board of directors. I hereby accept the appointr	ment as registered	
SIGNATURE	HAA!	TXXXIX		11/3/19	7 I	
J.GIV/#TURE	Signature, typed or printed name of ringistered agent	and title if applicable. (NOTE	: Registered Agent signature	e required when reinstating) DATE	*	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	PTD	DELETE	1.1 TITLE	PTD	Change Addition	
NAME	WHITE, LARRY K		1.2 NAME	WHITE, LARRY K.		
STREET ADDRESS				1.3 STREET ADDRESS 820 E. Park Ave., Bldg. C		
CITY-ST-ZIP	TALLAHASSEE FL 32301		1.4 CITY-ST-ZIP	Tallahassee, Fl 32301		
TITLE	SD	DELETE	2.1 TITLE		Change Addition	
NAME	CLARKE-WHITE, ROSSA V					
STREET ADDRESS	4044 P DALIE PLICOTE L DOAD OUTTE 400			CLARKE-WHITE, ROSSA V.		
CITY-ST-ZIP	TYST-ZIP TALLAHASSEE FL 32301			21STRET ADDRESS 820 E. Park Ave., Bldg. C. 24CITYST-ZIP Tallahassee, Fl 32301		
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME		_	3.2 NAME	_ aeorsoocoa		
STREET ADDRESS			3.3 STREET ADDRESS	60002709 <u>6</u>	104 2 -009	
CITY-STZ <u>i</u> P	1		3.4 Crty-ST-ZIP		****750.00	
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4.2 NAME	_		
STREET ADDRESS			4.3 STREET ADDRESS		Ì	
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 ΠΤLE		Change Addition	
NAME		<u> </u>	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME		_	6.2 NAME	_	MI	
STREET ADDRESS			6.3 STREET ADDRESS		/ VXV	
CITY-ST-ZIP			6.4 CITY-ST-7/P		1777	

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.

SIGNATURE: