FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 05 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P95000081571 (8) DOCUMENT # WHITE DOG. INC. Principal Place of Business Mailing Address 2201 GULF TO BAY BLVD 1393 LAKE AVE. SE CLEARWATER FL SAGER LARGO FLEDING DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/24/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3343330 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 Trust Fund Contribution Added to Fees Zip 33765-4002 Country Country 8. This corporation owes or has paid the current year Intangible 33771-3152 30 25 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CAMPBELL, ROBERT L 1393 LAKE AVE. SE 82 Street Address (P.O. Box Number is Not Acceptable) LARGO FL 24041. 83 84 City 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 registerest agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE 1.2 NAME CAMPBELL, LINDA L NAME CR2E034 1393 LAKE AVE. SE STREET ADDRESS 1.3 STREET ADDRESS 33771- 3152 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 3.1 7(TLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$T - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE

The state of the s

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

14. Thereby 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. Robert 1 Candrell April 27 1999

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

Change

■ Addition