

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000091905 (6)

1. Corporation Name

M.M. WHITE & ASSOCIATES, INC.

Principal Place of Business

**4303 VINELAND RD SUITE F-2
ORLANDO FL 32811**

Mailing Address

**4303 VINELAND RD SUITE F-2
ORLANDO FL 32811**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 **206 E. AMELIA ST.**

Suite, Apt. #, etc.

27 City & State

28 **ORLANDO, FL**

29 Zip Country

30 **32801 U.S.A.**

3. Date Incorporated or Qualified

11/28/1995

3a. Date of Last Report

N/A

4. FEI Number

59-3354077

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**WILLIS, DAVID C
225 E ROBINSON ST SUITE 600
ORLANDO FL 32801**

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 I accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature of President, Secretary, Treasurer, Registered Agent, and the following:

(If the Registered Agent's signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

D
NAME **WHITE, MURIEL M**
STREET ADDRESS **4303 VINELAND RD SUITE F-2**
CITY, ST, ZIP **ORLANDO FL 32811**

☐ DELETE

D
NAME **WHITE, RICHARD**
STREET ADDRESS **4303 VINELAND RD SUITE F-2**
CITY, ST, ZIP **ORLANDO FL 32811**

☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE **PRESIDENT**
1.2 NAME **WHITE, MURIEL M**
1.3 STREET ADDRESS **206 E. AMELIA ST**
1.4 CITY, ST, ZIP **ORLANDO, FL, 32801**

☒ Change ☐ Addition

2.1 TITLE **VICE PRESIDENT, SEC. & CFO**
2.2 NAME **WHITE, RICHARD L.**
2.3 STREET ADDRESS **206 E. AMELIA ST.**
2.4 CITY, ST, ZIP **ORLANDO, FL. 32801**

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-95

1407 423-2445

CR2E034 (12/95)