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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700062987 (7)

WHITE SANDS PROPERTIES, INC.

FILED May 20 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address				
117 LENOX PKWY. PENSACOLA FL 32505 PENSACOLA FL 32505					
			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 07/18/1997	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 3AM Z	26 3711 L			× APPLIED FOR	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip Country	28	Country		Trust Fund Contribution	Added to Fees
24 25 ESCAME	30	Journa y		 This corporation owes or has paid the Personal Property Tax due June 30. 	Yes XX No
9. Name and Address of Current				10. Name and Address of New Registers	7-
SAWYER, JOHN R		81	Name (CA M O	
3 W. GARDEN ST., #407		82	Street Ad	Idress (P.O. Box Number is Not Acceptable)	
PENSACOLA FL 32501					
		83			
		84	City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	e above	-named co		e of changing its registered
agent. I am familiar with, and accept the obliga	tions of, Section 607.0505, Florida 9	Statutes	THE COLDOR	attoris board or directors. I hereby accept the a	ippolitiment as registered
SIGNATURE Signature, typed or printed name of registered age.	and title if applicable (NOTE: Regis	tered Age	nt signature reg	quired when reinstating) DATE	
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	☐ DELETE 1	.1 TITLE			Change Addition
NAME	1	.2 NAME	ľ		
STREET ADDRESS BOD D. MOORE	1	.3 STREET	ADDRESS		ļ
CITY-ST-ZIP 150 Nishyashi TO Hi	**************************************	.4 CITY-ST	- ZiP		
Mice President		.1 TITLE	į		Change Addition C
NAME Edward Moore		.2 NAME			
CITY-ST-ZIP PONONCH PL 3		3 STREET A			
TITLE		1 TITLE	1 - ZIP		Change Addition
NAME		2 NAME			_
STREET ADDRESS	3	3 STREET	ADDRESS		
CITY-ST-ZIP	3	.4. CITY- S	T-ZIP		
TITLE	DELETE 4	.1 TITLE			Change Addition
NAME	4.	2 NAME	1		
STREET ADDRESS	[4.	3 STREET A	ADDRESS		
CITY-ST-ZIP		4 CITY-S1	- ZIP		
TITLE		.1 TITLE			Change Addition
NAME		.2 NAME			
STREET ADDRESS		3 STREET A	1		
CITY-ST-ZIP		4 CITY - \$1	- ZIP		Change Addition
TITLE		.) TITLE			L Grange L Modition
NAME CONTRACTOR ADDRESS		.2 NAME	ADDD CO.		
STREET ADDRESS		3 STREET A			
City-St-ZiP		4 CITY-ST		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, a on an attachment with an address,