## 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 # P9700083627 (4)

## FILED Apr 22 1998 8:00am Secretary of State

WHITE	EHEAD ENTERPRISES, INC	).			
Principal Place of Business Mailing Address				ı tabıldar ila (diri idali dalil bölit Bölit Bölit Böli	I SAIDA LINIA BINIA NAN IBNI IBNI IBNI
730 W 15TH ST 730 W 15TH ST PANAMA CITY FL 32401 PANAMA CITY FL 32401			DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualified	13 SI AOL
				09/25/1997	
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	_	26		59-3473351	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 7in	Constru	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	_ ' _ '
24	25 25 Name and Address of Curr		30	Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes No
W		our ringistered Agent	81 Name	TO. Name and Address of New Registers	ed Agent
WILLIAMS, JACK G 502 HARMON AVE					
PANAMA CITY FL 32401			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
***	HINNE CITTE SERVI		63		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607,1508. Florida Statute	s, the above-named corn	voration submits this statement for the number	of changing its registered
office or	registered agent, or both, in the Sta	ite of Florida. Such change was at	uthorized by the corporat	cion's board of directors. I hereby accept the a	ppointment as registered
	annammar with, and accept the op-	igations of, Section 607.0503, Flor	ilda Statutes.		
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable (NOTE:	: Registered Agent signature requir	od when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	WHITEHEAD, CHARLES A		1.2 NAME		
STREET ADDRESS	730 W 15TH ST		1.3 STREET ADDRESS		
CITY+ST-ZIP	PANAMA CITY FL 32401	F-1	1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<b>-</b>	DELETE	2. 4 CITY-ST-ZIP		T at T A and
NAME			3.1 TITLE		Change   Addition
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		<b>—</b>	4. 2 NAME		Onongo Radiilon
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			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		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CHTY-ST-ZIP		
14. I hereby o	certify that the information supplied:	with this filing does not qualify for	the exemption stated in S	Section 119.07(3)(i), Florida Statutes, I further	certify that the information

4. 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 true employeed to accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an address.

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4/15/00 050/704 040