

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

2004 MAY 12 PM 2: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000031837

1. Entity Name
M.D. WHITE, INC.



Principal Place of Business
**1225 GATESHEAD CIRCLE
TALLAHASSEE, FL 32317**

Mailing Address
**1225 GATESHEAD CIRCLE
TALLAHASSEE, FL 32317**



05052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3567745	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WHITE, MARY A
1225 GATESHEAD CIRCLE
TALLAHASSEE, FL 32317**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITE, MARY A 1225 GATESHEAD CIRCLE TALLAHASSEE, FL 32317
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITE, DAVID G 1225 GATESHEAD CIRCLE TALLAHASSEE, FL 32317
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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000036275770
05/13/04--01077--021 **550.00

**DO NOT WRITE
IN THIS SPACE**

5/12
vbm

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary A. White Mary A. White

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

5-8-2004

Date

510-0639

Daytime Phone #