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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$22705

RICHARD ALLAN WHITE AND ASSOCIATES, INC.

FILED Jan 23 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address					-	t santiala ist elkiå trass tähet köjät Alf	Achin Albii Alf	is Debil D101	i Aubil (40)		
763 DIVISION		49 ALAFAYA WOODS BLVD.									
OVIEDO FL 32 US	785		'E 176 DEO FL 32765-6335								
•		US				3	Date Incorporated or Qualified	3a. Date of Last Report			
]_	01/03/1991	05/01/1996				
2. Principal P	Place of Business	2a. N	Mailing Address				4	FEI Number			pplied For
21		26						65-0233032			ot Applicable
Suite, Apt.	Suite, Apt. #, etc Suite, Apt. #, etc.		Suite, Apt. #. etc.	iC.			5. Certificate of Status Desired S8.75 Additional Fee Required				
City & Stat	ate City & State					6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees					
Zip	Country		? _' p	Cou	untry	у	8	. This corporation has liability for	intangible ta		
24	25	29		30			- [Yes 🔣		
	9. Name and Address of Curr	ønt Registe	red Agent		<u> </u>		10). Name and Address of New Re	gistered Ag	jent	
WHI	ITE, RICHARD ALLAN				81	Name					
	ALAFAYA WOODS BLVD., SUN	E 176			82	Street Add	dress (P.O. Box Number is Not Acceptal	ole)		
OVI	EDO FL 32765				83						
					84	City		***************************************		85 Zip	Code
	to the provisions of Sections 607.0								<u> </u>		
12.	OFFICERS A	AND DIRECT		13.				ADDITIONS/CHANGES TO OFFIC			
12. Till£	OFFICERS A	AND DIRECT	ORS DELETE	13.	(T) 5			ADDITIONS/CHANGES TO OFFIC		Change	RS IN 12 Addition
NAME	WHITE, RICHARD ALLAN		L. Decem	1.2 N					_		
STREET ADDRESS	49 ALAFAYA WOODS BLVD.	# 176				T ADDRESS					
CITY - ST-ZIP	OVIEDO FL	.,		1		ST-ZIP					
TITLE	VS		DELETE	2.1 T][Change	Addition
NAME	WHITE, JEAN HAMBURG			2.2 N	AME						
STREET ADORESS	49 ALAFAYA WOODS BLVD	. #176		235	TREE	T ADORESS					
CITY - ST - ZIP	OVIEDO FL	, ,		2.40	CITY -	ST-ZIP		2.			
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CITY-SI-ZIP						ST - ZIP				70	F 1 1 2 2 2 2
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STREET ADDRESS						T ADDRESS					
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STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP TITLE			☐ DELETE	5.4 C		ST-ZIP				Change	Addition
NAME				1	IAME	}					
STREET ADDRESS						T ADDRESS					
						ST-ZIP					
CHY-ST-7IP	 			0.41	/ILT-	DI LIF					

too hereby certify that the information supplied with this filling 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 of 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.