FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S28548** **(3)**

1. Corporation Name
WHITE OYSTER BAY COMPANY, INC.

Principal Place of Business
6586 UNIVERSITY BLVD
WINTER PARK FL 32792
US

Mailing Address
6586 UNIVERSITY BLVD
WINTER PARK FL 32792
US

3. Date Incorporated or Qualified: **01/31/1991**
3a. Date of Last Report: **04/17/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-3121813** 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
CONTELLA, ROBERT M.
6586 UNIVERSITY BLVD
WINTER PARK FL 32792

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 607.0505 and 607.1808, 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 and it is understood that the appointment of the registered agent has been made by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	CONTELLA, ROBERT M.	6586 UNIVERSITY BLVD	WINTER PARK FL	☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐ Change	☐ Addition
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-ST-ZIP	☐ Change	☐ Addition
9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY-ST-ZIP	☐ Change	☐ Addition
13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY-ST-ZIP	☐ Change	☐ Addition
17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY-ST-ZIP	☐ Change	☐ Addition
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY-ST-ZIP	☐ Change	☐ Addition

14. I do hereby certify that the information supplied herein meets the requirements for filing this document, and that I am familiar with and I hereby qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information contained herein and in any supplement or amendment to it, 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 above with the title I am signing under.

SIGNATURE: R. M. Contella R. M. CONTELLA 4-1-96 (407) 657-5433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE

CR2E034 (12/95)