

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**95 MAY 11 AM 10:35**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **S66494** (3)  
1. Corporation Name  
**WHITE'S COMPUTER CORPORATION**

Principal Place of Business: P.O. BOX 881 PINELLAS PARK FL 34664  
Mailing Address: P.O. BOX 881 PINELLAS PARK FL 34664

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22. Suite Apt # etc: 27  
23. City & State: 28

24. Zip: 25. Country: 29. Zip: 30. Country:

3. Date Incorporated or Qualified: **07/11/1991**  
3a. Date of Last Report: **06/10/1994**  
4. FEI Number: **59-3072638**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
6. This Corporation has liability for franchise tax under Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **JANSSEN, DUANE H. 1626 38TH AVE. NORTH ST. PETERSBURG FL 33713**

10. Name and Address of New Registered Agent:  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, 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. Such change was authorized 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 607.0509, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Print Name of Registered Agent or Registered Office Secretary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPS BAKER, GERALD P. P O BOX 881 N/A PINELLAS PARK FL</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1. NAME	
STREET ADDRESS		1. STREET ADDRESS	
CITY, ST, ZIP		1. CITY, ST, ZIP	
TITLE	<b>T BAKER, GERALD P. P O BOX 881 N/A PINELLAS PARK FL</b>	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, ST, ZIP		2. CITY, ST, ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is not qualify for the exemption stated in Section 119.12(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if I had in my own right. I am an officer or director of the corporation or the receiver or trustee empowered to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attached sheet with an address.

SIGNATURE:  **Secretary**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05/08/95**  
DATE

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ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Suzanne B. McManus  
Secretary of State  
1905 North West 21st Street, Tallahassee, Florida 32304

APPROVED  
AND  
FILED

DOCUMENT # **S68209** (3)

1. Corporation Name  
**GEOHOLIDAY PROPERTIES (FLORIDA), INC.**

03/01/1994 9:15

CONFIDENTIAL  
NOT FOR RELEASE

Principal Office of Business: **PO BOX 117 LAKELAND FL 33802**  
Mailing Address: **P. O. BOX 2683 FREEPORT-FL 33802 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	<b>110, 5925 IMPERIAL PARKWAY</b>	22	<b>PO BOX F 62683</b>	<b>07/24/1991</b>	<b>03/01/1994</b>
27. State, Apt #, etc.		27. State, Apt #, etc.		4. FEI Number	Applies For
<b>FLORIDA</b>		<b>FLORIDA</b>		<b>98-0122045</b>	Not Applicable
22	<b>MULBERRY</b>	27		5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
23	<b>FLORIDA</b>	28	<b>FREEPORT</b>	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
24	<b>32860</b>	25	<b>USA</b>	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
<b>MARTIN, E. SNOW, JR. 200 LAKE MORTON DRIVE LAKELAND FL 33801</b>		B1	<b>AUGUST IMPERIAL MANAGEMENT, INC.</b>		
		B2	<b>110, 5925 IMPERIAL PARKWAY</b>		
		B3			
		B4	<b>MULBERRY</b>	FL	B5 <b>32860</b>
11. Pursuant to the provisions of Sections 607.0542 and 607.1505, 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. Such change was authorized by the corporation's board of directors. Thereby, I accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.0505, Florida Statutes.					

SIGNATURE

*Kenneth W. Smith* **KENNETH W. SMITH** **5/1/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	<b>PDS ASHTON, PETER M. P. O. BOX F2683 N/A FREEPORT, BAHAMAS</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, STATE, ZIP		4. CITY, STATE, ZIP	
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6. STREET ADDRESS	
CITY, STATE, ZIP		7. CITY, STATE, ZIP	
NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		9. STREET ADDRESS	
CITY, STATE, ZIP		10. CITY, STATE, ZIP	
NAME		11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		12. STREET ADDRESS	
CITY, STATE, ZIP		13. CITY, STATE, ZIP	
NAME		14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		15. STREET ADDRESS	
CITY, STATE, ZIP		16. CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the nonpublic status in accordance with Florida Statutes. I further certify that the information included 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 majority or holder of powers to cause the filing of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13, of changes, or on an attached worksheet.

SIGNATURE: *Peter M. Ashton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**May 5, 1995** **BOY LES 2256**

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ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Jeffrey B. Murrain  
Secretary of State  
Jeffrey B. Murrain, Secretary of State

APPROVED  
AND  
FILED

MAY 11 1995 8:05  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S69469** (2)  
1. CORPORATION NAME  
**CBRB, INC.**

Principal Office Location: **1811 MYRICK ROAD TALLAHASSEE FL 32303**  
Mailing Address: **1811 MYRICK ROAD TALLAHASSEE FL 32303**

OR FILL IN THIS SPACE

3. Date of Incorporation or Qualification <b>07/31/1991</b>	3a. Date of Last Report <b>06/08/1994</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. This report is filed in accordance with Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Foreign Office Location	2a. Mailing Address
21	26
State, Apt. #, etc.	State, Apt. #, etc.
22	27
City & State	City & State
23	28
24	25
29	30

9. Name and Address of Current Registered Agent <b>BIST, MICHEAL P. 1300 THOMASWOOD DRIVE TALLAHASSEE FL 32312</b>	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 607.065 and 607.1508, Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am filing with and accept the obligations of Sections 607.065, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (Print Name)

Signature of New Registered Agent (Print Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PTD FUTCH, C. N. 685 FOREST LAIR TALLAHASSEE FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. NAME	
CITY & STATE		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VSD FUTCH, RICKY N. 1811 MYRICK DRIVE TALLAHASSEE FL	4. NAME	
STREET ADDRESS		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		6. NAME	
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		8. NAME	
CITY & STATE		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		12. NAME	
NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		14. NAME	
CITY & STATE		15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		16. NAME	
STREET ADDRESS		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		18. NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and shows and qualifies for the exemptions stated in Section 139.01(9)(b), Florida Statutes. I further certify that the information is true to the annual report or the supplemental annual report or 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 this 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 1, or Block 1A of this report, or on an attachment with an address.

SIGNATURE: *Ricky N. Futch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/95 9043863558