

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **White Pine, Inc.**  
1. Corporation Name

**VU0993**  
**1036 26th Street**  
**Vero Beach, FL 32960**

Principal Place of Business

Mailing Address

**White Pine, Inc.**  
**1036 26th Street**  
**Vero Beach, FL 32960**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 9. Name and Address of Current Registered Agent

30 81 Name

**Larry S. Lawrence**  
**3485 1st Place**  
**Vero Beach, FL 32968**

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 607.0602 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when not filing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [DELETE] [ADD]

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE [DELETE] [ADD]

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE [DELETE] [ADD]

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE [DELETE] [ADD]

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE [DELETE] [ADD]

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE [DELETE] [ADD]

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 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, with all of the same empowered.

SIGNATURE:

**Larry Shane Lawrence**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/16/99** **561 559-8643**

ADDED  
FEE  
11.10  
98 APR 22 11:10:13  
CORPORATION  
11/17/99 11:10:13

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**August 31, 1992**

4. FEI Number

**65-0359984**

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 owes the current year Intangible  
Personal Property Tax

☐ Yes ☒ No

10. Name and Address of New Registered Agent

CR2E034 (11/98)