

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 856962

**Entity Name:** CHARLES N. WHITE CONSTRUCTION COMPANY

**Current Principal Place of Business:**

613 CRESCENT CIRCLE  
SUITE 101  
RIDGELAND, MS 39157

**Current Mailing Address:**

613 CRESCENT CIRCLE  
SUITE 101  
RIDGELAND, MS 39157 US

**FEI Number:** 64-0524151

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 S.PINE ISLAND RD.  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title COB  
Name WHITE, CHARLES NSR  
Address 613 CRESCENT CIRCLE, SUITE 101  
City-State-Zip: RIDGELAND MS 39157

Title CEOD  
Name WHITE, CHARLES NJR  
Address 2705 BEE CAVE ROAD, SUITE 250  
City-State-Zip: AUSTIN TX 78746

Title S  
Name NOE, GAIL M  
Address 613 CRESCENT CIRCLE, SUITE 101  
City-State-Zip: RIDGELAND MS 39157

Title PD  
Name WHITE, GUY H  
Address 613 CRESCENT CIRCLE, SUITE 101  
City-State-Zip: RIDGELAND MS 39157

Title SVPT  
Name HOLLIMAN, DAVID  
Address 613 CRESCENT CIRCLE, SUITE 101  
City-State-Zip: RIDGELAND MS 39157

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GAIL M. NOE

**SECRETARY/VP/CONTROLLER** 01/19/2017

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date