

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**
95 MAY -1 PM 11:36
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 242066

(9)

1. Corporation Name

E.N.E., INC.

Principal Place of Business

**1379 S.E. 3RD TERRACE
PO BOX 1180
DEERFIELD BCH 33441**

Mailing Address

**1379 S.E. 3RD TERRACE
PO BOX 1180
DEERFIELD BCH 33441**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/16/1960

3a. Date of Last Report

04/25/1994

4. FEI Number

59-0915723

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

Trust Fund Contribution

☐

9. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ENZOR, BILLY F
1379 SE 3RD TERRACE
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	ENZOR, BILLY F.
STREET ADDRESS	1379 S.E. 3RD TERRACE
CITY - ST - ZIP	DEERFIELD BCH FL
TITLE	VO
NAME	ENZOR, JIMMY R
STREET ADDRESS	1379 S.E. 3RD TERRACE
CITY - ST - ZIP	DEERFIELD BCH FL
TITLE	S
NAME	ENZOR, JEAN E
STREET ADDRESS	1379 S.E. 3RD TERRACE
CITY - ST - ZIP	DEERFIELD BCH FL
TITLE	T
NAME	ENZOR, GAIL R
STREET ADDRESS	1379 S.E. 3RD TERRACE
CITY - ST - ZIP	DEERFIELD BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Jimmy R. Enzor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95

Date

205-428-1240

Telephone