

FILE NOW: FILING FEE AFTER MAY 1 IS \$22

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF
Sandra B. Morthland
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 550282 (8)

1. Corporation Name

ERNEST TEW AGENCY, INC.

Principal Place of Business

106 LAKEVIEW TERR
MELROSE FL 32666

Mailing Address

P.O. BOX 390
MELROSE FL 32666

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

24

25

29

30

9. Name and Address of Current Registered Agent

TEW, ERNEST
106 LAKE VIEW TERRACE
MELROSE FL 32666

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, as officer or registered agent, or both, in the State of Florida. Such change was authorized by the board of directors, and I 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 Reinstating)

12. OFFICERS AND DIRECTORS

TITLE PDST ☐ DELETE

NAME TEW, ERNEST
STREET ADDRESS 106 LAKEVIEW TERRACE
CITY-ST-ZIP MELROSE FL 32666

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:

Ernest Tew
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3. Date Incorporated or Qualified
10/28/1977

3a. Date of Last Report
04/19/1995

4. FEI Number
59-1857944

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

10. Name and Address of New Registered Agent

Name

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

3.

4. City

FL

85

Zip Code

I, the undersigned, as officer or registered agent, or both, in the State of Florida, hereby accept the appointment as registered agent. I am

(Signature required when reinstating)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

4/16/96

Date

904-475-1800

Daytime Phone #

CR2E034 (12/95)