

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F44688** (2)

1. Corporation Name

**EARNEST'S ALL/SPORTS CENTER, INC.**



Principal Place of Business

**420 W 23RD ST  
PANAMA CITY FL 32405  
US**

Mailing Address

**420 W 23RD ST  
PANAMA CITY FL 32405  
US**

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

29

30

9. Name and Address of Current Registered Agent

**EARNEST, EUGENE  
767 ROSEMONT DRIVE  
PANAMA CITY FL 32405**

3. Date Incorporated or Qualified

**09/15/1981**

3a. Date of Last Report

**03/28/1995**

4. FEI Number

**59-2125310**

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

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 607.0502 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

*Eugene Earnest*

Signature of Registered Agent (if different from above)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME            | STREET ADDRESS  | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
|-------|-----------------|-----------------|-----------------|---------------------------------|
| P     | EARNEST, EUGENE | 767 ROSEMONT DR | PANAMA CITY FL  | <input type="checkbox"/>        |
|       |                 |                 |                 | <input type="checkbox"/>        |
|       |                 |                 |                 | <input type="checkbox"/>        |
|       |                 |                 |                 | <input type="checkbox"/>        |
|       |                 |                 |                 | <input type="checkbox"/>        |
|       |                 |                 |                 | <input type="checkbox"/>        |
|       |                 |                 |                 | <input type="checkbox"/>        |

13.

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|----------|---------|-------------------|--------------------|-------------------------------------------------------------------|
|          |         |                   |                    | <input type="checkbox"/>                                          |
|          |         |                   |                    | <input type="checkbox"/>                                          |
|          |         |                   |                    | <input type="checkbox"/>                                          |
|          |         |                   |                    | <input type="checkbox"/>                                          |
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|          |         |                   |                    | <input type="checkbox"/>                                          |
|          |         |                   |                    | <input type="checkbox"/>                                          |
|          |         |                   |                    | <input type="checkbox"/>                                          |
|          |         |                   |                    | <input type="checkbox"/>                                          |

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:

*Eugene Earnest*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96

04-763-1777

CR2E034 (12/95)