FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 2:52

DOCUMENT # L40187 (1)

1. Corporation Name
ENNEST AND SONS INC.

Principal Place of Business	Mailing Address
8703 GREEN ST PORT RICHEY FL 34668	8703 GREEN ST PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/04/1990
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business	2a. Mailing Address
21 5510 RIVER RD	26 5510 RIVER RD
Suite, Apt. #, etc. 22 S-200B	Suite, Apt. #, etc. 27 S-200B
City & State 23 New Port Richey, FL	City & State 28 New Port Richey, FL
Zip / Country 24 34652 / 25 Pasco	Zip / Country 29 34652 / 30 Pasco

4. FEI Number: 59-2989474 ☐ 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

9. Name and Address of Current Registered Agent

ENNEST, VERN R.
8703 GREEN ST
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name: DARENE R. ENNEST
82 Street Address (P.O. Box Number is Not Acceptable): 5510 RIVER RD S -200B
83
84 City: NEW PORT RICHEY, FL FL 85 Zip Code: 34652

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: DARENE R. ENNEST Darene R. Ennest
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	PRESIDENT, TREASURE, DIR	☒ Change ☐ Addition
NAME	ENNEST, VERN R.	12 NAME	DARENE R. ENNEST	
STREET ADDRESS	8703 GREEN ST	13 STREET ADDRESS	5510 RIVER RD. S-200B	
CITY-ST-ZIP	PORT RICHEY FL	14 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	VSD	21 TITLE	VICE PRES, DIRECTOR	☐ Change ☒ Addition
NAME	ENNEST, DARENE R.	22 NAME	DAVID ENNEST	
STREET ADDRESS	5505 SALTAMONTE DR	23 STREET ADDRESS	5510 RIVER RD. S-200B	
CITY-ST-ZIP	NEW PORT RICHEY FL	24 CITY-ST-ZIP	N.P.R., FL 34652	
TITLE		31 TITLE	JAGNE LABELLA	☐ Change ☒ Addition
NAME		32 NAME	JAMES LABELLA	
STREET ADDRESS		33 STREET ADDRESS	5510 RIVER RD. S-200B	
CITY-ST-ZIP		34 CITY-ST-ZIP	N.P.R., FL 34652	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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: Darene R. Ennest DARENE R. ENNEST 2-3-95 813-846-1813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0365144 CP