

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **L40187** (1)

1. Corporation Name

**ENNEST AND SONS INC.**



Principal Place of Business

Mailing Address

**5510 RIVER RD  
S-200B  
NEW PORT RICHEY FL 34652  
US**

**5510 RIVER RD  
S-200B  
NEW PORT RICHEY FL 34652  
US**

3. Date Incorporated or Qualified  
**01/04/1990**

3a. Date of Last Report  
**02/07/1995**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, 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

10. Name and Address of New Registered Agent

**ENNEST, DARENE R  
5510 RIVER RD  
S-200B  
NEW PORT RICHEY FL 34652**

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

Signature of Registered Agent or Director (if applicable)

Signature of Registered Agent (signature required when new state agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>ENNEST, DARENE R</b>	
STREET ADDRESS	<b>5510 RIVER RD S-200B</b>	
CITY-STATE-ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>ENNEST, DARENE R.</b>	
STREET ADDRESS	<b>5505 SALTAMONTE DR</b>	
CITY-STATE-ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>ENNEST, DAVID</b>	
STREET ADDRESS	<b>5510 RIVER RD S-200B</b>	
CITY-STATE-ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LABELLA, JAMES</b>	
STREET ADDRESS	<b>5510 RIVER RD S-200B</b>	
CITY-STATE-ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 Book 12 or Book 13 if changed, or on attachment with an address

SIGNATURE:

*David H. Ennest* **DAVID H. ENNEST** 1-24-96 813 846-1813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (12/95)