

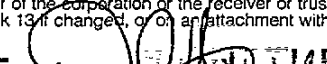


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 5510 RIVER RD S 200B NEW PORT RICHEY FL 34652 US			Mailing Address 5510 RIVER RD S-200B NEW PORT RICHEY FL 34652 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/04/1990	
21		26		4. FEI Number 59-2989474	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		25			
9. Name and Address of Current Registered Agent ENNEST, DARENE R 5510 RIVER RD S-200B NEW PORT RICHEY FL 34652			10. Name and Address of New Registered Agent 81 Name DAVID H. ENNEST 82 Street Address (P.O. Box Number is Not Acceptable) 5510 RIVER ROAD S-200B 83 NEW PORT RICHEY, FL 34652 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  DAVID H. ENNEST DATE 1-8-98 (NOTE: Registered Agent signature required when reinstalling)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENNEST, DARENE R		1.2 NAME		
STREET ADDRESS	5510 RIVER RD S-200B		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENNEST, DARENE R.		2.2 NAME		
STREET ADDRESS	5505 SALTAMONTE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENNEST, DAVID		3.2 NAME		
STREET ADDRESS	5510 RIVER RD S-200B		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENNEST, STEVEN		4.2 NAME		
STREET ADDRESS	5510 RIVER RD S-200B		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		4.4 CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DARENE R. ENNEST		5.2 NAME		
STREET ADDRESS	5510 RIVER RD S-200B		5.3 STREET ADDRESS		
CITY-ST-ZIP	N.P.R., FL 34652		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing 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:  DAVID H. ENNEST 1-8-98 813-846-1813					

CR2E034 (10/97)