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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L40187 1. Corporation Name

Principal Place of Business

ENNEST AND SONS INC.

officer or director of the corpor Block 12 or Block 13 if change

SIGNATURE:

5510 RIVER RD		5510 RIVER RD S-200B					
S 2008 NEW PORT RIC	PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652				DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed 01/04/1990		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			59-2989474	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	7	Additional equired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added Added	to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current	year Intangible	. ,
24	25	29 3	0		Personal Property Tax.	Yes	X)No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	istered Agent	
			8	1 Name			
	id H. Ennest ) river road S-200B		8	82 Street Address (P.O. Box Number is Not Acceptable)			
NEW	PORT RICHEY FL 34652		8	3		-	
			L			<del></del>	
			8	4 City		FL 85 Zip	Code
44 Burewant	to the provisions of Sections 607 050	22 and 607 1508. Florida Statutes	the abo	ve-named com	poration submits this statement for the pu	roose of changing its	s registered
office or r	egistered agent, or both, in the State	o Florida Such change was aut	horized b	y the corporation	on's board of directors. I hereby accept the	ne appointment as r	egistered
agent. I a	n familiar with, and accept the obliga				F. 1 1	- 21 90	ı j
SIGNATURE	La Wall		1011	jent signature require	LANEST /	DATE	<u>'</u>
12.		ND DIRECTORS	13.	lent signature require	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	ORS IN 12
TITLE	PTD	DELETE		PTD		Change	☐ Addition
NAME	ENNEST, DARENE R	p. Commission of the commissio		)	II ENNECH	Λ-	_
STREET ADDRESS	5510 RIVER RD S-200B				H. ENNEST		
	NEW PORT RICHEY FL				10 RIVER RD S-200B		
CITY-ST-ZIP TITLE	VSD	DELETE	2.4 C/17	SI-ZIF NHW	PORT RICHEY, FL	Change	Addition
	ENNEST, DARENE R.	Asia		VSD	T DANIE CE	XX	_
NAME	5505 SALTAMONTE DR				H. ENNEST		ļ
STREET ADDRESS	NEW PORT RICHEY FL				LO RIVER RD S-200B		İ
CITY-ST-ZIP	VPD	XOELETE		AbD MEA	W PORT RICHEY, FL.	[XChange	Addition
TITLE		XX		5. T. == 1.	N P. ENNEST	-24	_
NAME	ENNEST, DAVID 5510 RIVER RD S-200B		10	<b>I</b>	10 RIVER RD S-200B		ľ
STREET ADDRESS	NEW PORT RICHEY FL				PORT RICHEY, FL		
CITY-ST-ZIP		▼ DELETE	4,1 TITU		FORT KICHET, FE	Change	Addition
TITLE	D   Ennest, Steven	A		-	דא פערדא	Λ	_ "
NAME	5510 RIVER RD S-200B			I .	LA BELLA	To.	
STREET ADDRESS	NEW PORT RICHEY FL			" -	510 RIVER RD S-200	D	
CITY-ST-ZIP	HEW FORT MICHEL TE	□ DELETÉ	5.1 TITLE		N PORT RICHEY, FL	☐ Change	Addition
TITLE NAME		_ 5222,2	5.1 NAM	•			_
STREET ADDRESS				ET ADDRESS			ļ
			5.4 CITY				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition
		_ +	62 NAM	<sub>E</sub>			_
NAME				ET ADDRESS			}
STREET ADDRESS			6.4 CITY	- 1			
CITY-ST-ZIP	I		0.4 CHT	· U1-41			

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

**FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90040 008 \*\*\*150.00

