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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000036974 (1)**

1. Corporation Name
THE EARNEST CONSTRUCTION CO., INC.

Principal Place of Business	Mailing Address
2307 HILL ST. NEW SMYRNA BEACH FL 32169 US	2307 HILL ST NEW SMYRNA BEACH FL 32169-3327 US

3. Date Incorporated or Qualified: 05/17/1994
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business
21 104 Via Capri
Suite, Apt. #, etc. 22
City & State 23: New Smyrna Beach, FL
Zip 24: 32169 Country 25: USA

2a. Mailing Address
26 PO Box 2675
Suite, Apt. #, etc. 27
City & State 28: New Smyrna Beach, FL
Zip 29: 32170-2675 Country 30: USA

4. FEI Number: 59-3243424 ☐ 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
EARNEST, CLINT S
125 ALHAMBRA AVE
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent
81 Name: EARNEST, CLINT S.
82 Street Address (P.O. Box Number is Not Acceptable): 104 VIA CAPRI
83 NEW SMYRNA BEACH, FL 32169
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: Clint S. Earnest 4/8/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	EARNEST, CLINT		1.2 NAME	EARNEST, CLINT S.	
STREET ADDRESS	2307 HILL ST.		1.3 STREET ADDRESS	104 Via Capri	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		1.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: Clint S. Earnest 4/8/97 (904)427-7104