

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000078377**

1. Corporation Name

EARNEST MAILING LIST, INC.

Principal Place of Business

**607 U.S. HIGHWAY 41 S
INVERNESS FL 34450**

Mailing Address

**607 U.S. HIGHWAY 41 S
INVERNESS FL 34450**

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90031 014 ***158.25



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1994

4. FEI Number

59-3282820

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 owes the current year Intangible
Personal Property Tax.



Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EARNEST, MARSHALL
607 U.S. HIGHWAY 41 S
INVERNESS FL 34450**

81

Name

STEVEN GREAU

82

Street Address (P.O. Box Number is Not Acceptable)

607 U.S. HIGHWAY 41 S.

83

84

City

INVERNESS

FL

85

Zip Code

34450

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, 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 **D** ☒ DELETE
NAME **EARNEST, MARSHALL**
STREET ADDRESS **6 N BEST POINT**
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **DVP** ☒ DELETE
NAME **EARNEST, THERESA**
STREET ADDRESS **6 N BEST PT**
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **DS** ☐ DELETE
NAME **LUNDELIUS, WALTER**
STREET ADDRESS **9946 NW 49TH TERR**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**PRESIDENT
GREAU, STEVEN
2935 S. CIRCLE POINT
INVERNESS FL 34450**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99
Date

352-344-9450
Daytime Phone #

CR2E034 (11/98)