FILE NOW: FILING FEE AFTER MAY 1 IS \$2 5.00 STATE

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT Sandra B. Mortha Secretary of Star

DIVISION OF CORPOR TIONS

DOCUMENT # 1. Corporation Name

P95000018766 (2)

ERVIN ENTERPRISES, INC.

Principal Place of Business	Mailing Address		
144 LAUREL LANE	144 LAUREL LANE		



144 LAUREL LANE PONTE VEDRA BEACH FL 32082	144 LAUREL LANE Ponte Vedra Beach i	FL 32082		
			3. Date Incorporated or Qualified 02/24/1995	3a. Date of Last Report
Principal Place of Business	2a. Mailing Address	4/ 11 10	4. FEI Number	Applied For
21 3020 Hulm Valle		Valley Ird	59-279243	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Ponte Kedra Bah	Fla 28 Ponde Vedra	Beh Fla	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 3208 a 25 USA	Zip 29 32082 30	Country	8. This corporation has liability for in Florida Statutes Yes	
	of Current Registered Agent	1	10. Name and Address of New Re	
		81 Name		
ERVIN, EDDIE L JR		82 Street Add	Iress (P.O. Box Number is Not Acceptable	e)
144 LAUREL LANE PONTE VEDRA BEACH FL 32	2082	83		
		84 City		FL 85 Zip Code
or registered agent, or both, in the St	s 607.0502 and 607.1508, Florida Statutes, thate of Florida. Such change was authorized bins of, Section 607.0505, Florida Statutes.	ne above-named corpo y the corporation's boa	ration submits this statement for the purp ard of directors. I hereby accept the appo	xose of changing its registered office intment as registered agent. I am
SIGNATURE _	·			
Signature, typed or printed name of re		egistered Agent signature require		DATE
12. OFF	FICERS AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	
l 1	<u> </u>	1. 1 TITLE	•	Change Addition
NAME Eddie h	truin Sre	1.2 NAME		İ
STREET ADDRESS 144 Lawel	21 51 22022	1.3 STREET ADDRESS		
CITY-ST-ZIP Ponde Vodra	Boh, Fla 32082	1.4 CITY-ST-ZIP		Change [7] Addition
TIFLE		2. 1 TITLE		Change C Addition
NAME		2.2 NAME		
STREET ADDRESS	j	2.3 STREET ADDRESS		
CHTY+ST-ZIP TITLE	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME				Change C Addition
STREET ADDRESS		3.2 NAME		
	:	3.3 STREET ADDRESS		
CITY - ST - ZIP	[☐ DELETE	3.41 (TY-ST-ZIP 4.1 (TLE		Change Addition
NAME		4.28 AME		Change C Magnetin
STREET ADDRESS		4.3 TREET ADDRESS		-
CITY-SI-ZIP		4.4C+TY-ST-ZIP		
TITLE	☐ DELETE	5. TITLE		Change Addition
NAME	_	5.2 JAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CHY-SI-ZIP		5.4 CHTY-ST-ZIP		
TITLE	DELETE	6 1 TITLE		Change Addition
NAME	-	6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY - SI - ZIP		6.4 CITY - ST - ZIP		1
14. I do hereby certify that the information	n supplied with this filing is voluntarily furnished on this annual report of cupplemental annual ro if the corpolation or the receiver or trustee en laybed, or in an attack ment byth an address.	d and does not quatify:	for the exemption stated in Section 119.0 ate and that my signature shall have the s is report as required by Chapter 607. Flo	17(3)(k), Florida Statutes. I further same legal effect as if made under rida Statutes; and that my name
appears in Block 12 or Block 13	alged, or in an attackment with an address.		1 1	~ _
SIGNATURE:	IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR	DIRECTOR	4/28/96 (104)285 5028
- All All All All All All All All All Al	71,000			