

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
T. B. Norman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

25 MAY - 1 AM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S15098**

(4)

1. Corporation Name

EARNEST DISTRIBUTING COMPANY

Principal Place of Business

**2580 PINE ISLAND RD
SUNRISE FL 33322**

Mailing Address

**2580 PINE ISLAND RD
SUNRISE FL 33322**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/26/1990	3a. Date of Last Report 08/09/1994
4. FEI Number 65-0223163	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	

2. Principal Place of Business	2a. Mailing Address
21. Type of Corporation	26. Suite, Apt. #, etc.
22. City, State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**EARNEST, HOMER R.
2580 PINE ISLAND RD
SUNRISE FL 33322**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number Not Acceptable)	
83. City	
84. State	FL

11. Pursuant to the provisions of Sections 607.0602 and 607.150B, 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 a natural citizen and accept the provisions of Sections 607.0602, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PSD EARNEST, HOMER R. 2580 PINE ISLAND RD. SUNRISE FL	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY		3. CITY	☐ Change ☐ Addition
STATE		4. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY		6. CITY	☐ Change ☐ Addition
STATE		7. NAME	
STREET ADDRESS		8. STREET ADDRESS	
CITY		9. CITY	☐ Change ☐ Addition
STATE		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY		12. CITY	☐ Change ☐ Addition
STATE		13. NAME	
STREET ADDRESS		14. STREET ADDRESS	
CITY		15. CITY	☐ Change ☐ Addition
STATE		16. NAME	
STREET ADDRESS		17. STREET ADDRESS	
CITY		18. CITY	☐ Change ☐ Addition
STATE		19. NAME	
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STATE		94. NAME	
STREET ADDRESS		95. STREET ADDRESS	
CITY		96. CITY	☐ Change ☐ Addition
STATE		97. NAME	
STREET ADDRESS		98. STREET ADDRESS	
CITY		99. CITY	☐ Change ☐ Addition
STATE		100. NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent designated to make this report as required by Chapter 607, Florida Statutes, and list my name as appears in Block 12 of this report. I do not expect to resign as the named officer or director.

SIGNATURE:

Homer R Earnest
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 95 305-749-17428
Telephone Number