

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 8:13

DOCUMENT # **G92636** (1)

1. Corporation Name
ENDEAVOR OF BAY COUNTY, INC.

Principal Place of Business: **7815 LAIRD ST PANAMA CITY BCH FL 32408**
Mailing Address: **7815 LAIRD ST PANAMA CITY BCH FL 32408**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/16/1984** 3a. Date of Last Report: **06/29/1994**
4. FEI Number: **52-2624373** 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 C. 100.002, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23
2a. Mailing Address: 26, 27, 28
24. City: 24, 25, 29, 30

9. Name and Address of Current Registered Agent
**MCLENDON, JERRY B.
7815 LAIRD ST
PANAMA CITY BCH FL 32408**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	MCLENDON, JERRY B.
STREET ADDRESS	2203 WARNER AVE
CITY - ST - ZIP	PANAMA CITY BCH FL
TITLE	TD
NAME	MCLENDON, JERRY B.
STREET ADDRESS	2203 WARNER AVE
CITY - ST - ZIP	PANAMA CITY BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.V.S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McLendon JERRY B.	
1.3 STREET ADDRESS	7815 LAIRD ST.	
1.4 CITY - ST - ZIP	Panama City Beach FL 32408	
2.1 TITLE	T.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	McLendon JERRY B.	
2.3 STREET ADDRESS	7815 LAIRD ST	
2.4 CITY - ST - ZIP	Panama City Beach FL 32408	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Jerry B. McLendon **JERRY B. McLendon** 1 (904) 466 7701