

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR -7 AM 5:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H25939** (0)

1. Corporation Name  
**PATHFINDER ENTERPRISES, INC.**

Principal Place of Business: **1813 NW 102ND WAY GAINESVILLE FL 32606**  
Mailing Address: **1813 NW 102ND WAY GAINESVILLE FL 32606**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/17/1984** 3a. Date of Last Report: **07/28/1994**

2. Principal Place of Business: **3311 NW 28th Pl, Gainesville FL 32605**  
2a. Mailing Address: **P.O. Box 7126, Gainesville FL 32605**  
23. City & State: **Gainesville FL 32605**  
24. Zip: **32605** 25. Country: **USA**  
26. Suite, Apt. #, etc.:  
27. Suite, Apt. #, etc.:  
28. City & State: **Gainesville FL 32605**  
29. Zip: **32605** 30. Country: **USA**

4. FEI Number: **59-2460280** 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  
**HIRKO, ROBERT J.  
1813 N.W. 102ND WAY  
GAINESVILLE FL 32606**

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: \_\_\_\_\_ (Name of Registered Agent) \_\_\_\_\_ (Name of Registered Agent)

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>HIRKO, ROBERT J.</b>
STREET ADDRESS	<b>1813 N.W. 102ND WAY</b>
CITY, ST, ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>S</b>
NAME	<b>SOWLS, RICHARD E</b>
STREET ADDRESS	<b>2526 SW 14TH DR</b>
CITY, ST, ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>VP</b>
NAME	<b>GILLUM, J T</b>
STREET ADDRESS	<b>4418 NW 32ND AVE</b>
CITY, ST, ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>T</b>
NAME	<b>DODDINGTON, HAROLD W</b>
STREET ADDRESS	<b>3311 NW 28TH PL</b>
CITY, ST, ZIP	<b>GAINESVILLE FL</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
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 199.032(4)(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 of this statement, or on an attachment with an address.

SIGNATURE: *Robert J. Hirko*  
Name and typed or printed name of officer or director

1/26/95 (904) 392-6104  
Date File No.