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

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90018 032 ***150.00

DOCUMENT # H25939 1. Corporation Name

PATHFINDER ENTERPRISES, INC.							
					_		
Principal Place of Business Mailing Address							
4445 S.W. 35 TERR. POST OFFICE BOX 7126 SUITE 290 GAINESVILLE FL 32605							
GAINESVILLE FL 32608 US					DO NOT WRITE IN THIS SPACE		
US	•				3. Date Incorporated or Qualifed		
					10/17/1984		
2. Principal P	lace of Business	2a. Mailing Address	. 2 <	(-),-/	4. FEI Number	Applied For	
21	<u></u>		<u> </u>	57126	59-2460280	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6 Flexible Compoign Financing	\$5.00 May Be	
23		28 Gainesvi	11e.	FL	6. Election Campaign Financing Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Countr	x, U, 5	8. This corporation owes the current year Intan	gible	
24	25	29 32635-119	30	Hachu	1 Crooner reporty ran	Yes No	
	9. Name and Address of Currer	nt Registered Agent	8.		10. Name and Address of New Registered Ag	jent	
DODDINGTON HAROLD W				1 Name			
DODDINGTON, HAROLD W 3311 N.W. 28 PLACE				2 Street Addre	ess (P.O. Box Number is Not Acceptable)		
GAINESVILLE FL 32605				•			
GAINESVILLE PL 32003			8:	3			
			84	4 City	FL	85 Zip Code	
11 Burguant	to the provisions of Sections 607 050	22 and 607 1508 Florida Statut	as the above	 ve-named como	retion submits this statement for the numose of ch	anging its registered	
l office or r	edistered agent or both in the State	of Florida. Such change was at	JINONZEO D'	v tne corporatio	n's board of directors. I hereby accept the appoint	nent as registered	
ļ -	m familiar with, and accept the obliga	mons of, Section 607.0303, Piol	iua Statute	·s.			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	Registered Ag	ent signature required			
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	HIRKO, ROBERT J.		1.2 NAME	:	•		
STREET ADDRESS	1813 N.W. 102ND WAY		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-			☐ Change ☐ Addition	
TITLE	S PIGUARD F	☐ DELETE	2.1 TITLE		•		
NAME .	SOWLS, RICHARD E		2.2 NAME	·		~~	
STREET ADDRESS	2526 SW 14TH DR			ET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL VP	DELETE	2.4 CITY-			Change Addition	
TITLE	GILLUM, J T	_ vecere	3.2 NAME		,	•	
NAME	4418 NW 32ND AVE		1	ET ADDRESS	77.0 NW 80 Blvd.		
STREET ADDRESS	GAINESVILLE FL		3.4. CITY	et 7/D	720 NW 80 Blvd. Gainesville, FL 3260	7	
TITLE	T	☐ DELETE	4.1 TITLE	-31-ZIF	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	☐ Change ☐ Addition	
NAME	DODDINGTON, HAROLD W		4. 2 NAMI	E		,	
STREET ADDRESS	3311 NW 28TH PL			ET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-				
TITLE		☐ DELETE	5.1 TITLE		# 100 to	☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS	100 May 100 100 May 10		5.3 STRE	ET ADDRESS	•		
CITY-ST-7IP			5.4 CITY-	ST-ZIP		\$	

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

□ DELETE

☐ Addition

Change