

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90124 016 ***150.00

DOCUMENT # *K 2001C* OR
1. Corporation Name
ENTERPRISING ENDEAVORS, INC.

Principal Place of Business Mailing Address
~~*1406 CENTER PLAZA*~~
~~*GENEVA, ALABAMA 36340*~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
APRIL 1, 1988

2. Principal Place of Business 2a. Mailing Address
21 *1424 S. EVERGREEN AVE* 26 *1424 S. EVERGREEN AVE*
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 *CLEARWATER, FLA* 28 *CLEARWATER, FL*
Zip County Zip Country
24 *33756* 25 *PINELLAS* 29 *33756* 30 *PINELLAS*

4. FEI Number *59-2883860* Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

EARL O JONES JR
1424 S. EVERGREEN AVE
CLEARWATER, FL 33756-2213

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<i>D, P</i>	<input type="checkbox"/> DELETE
NAME	<i>MILFORD A JONES</i>	
STREET ADDRESS	<i>221 LE GRAND DRIVE</i>	
CITY-ST-ZIP	<i>PANAMA CITY, FL 32413</i>	
TITLE	<i>D, T, S</i>	<input type="checkbox"/> DELETE
NAME	<i>EARL O JONES JR</i>	
STREET ADDRESS	<i>1424 S. EVERGREEN AVE</i>	
CITY-ST-ZIP	<i>CLEARWATER, FL 33756</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 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 1107, 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.

SIGNATURE: *Earl O Jones Jr* EARL O JONES JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-99

DATE

727-442-4785

DAYTIME PHONE #

CR2E034 (11/98)