

**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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:19

DOCUMENT # **K58985** (8)

1. Corporation Name  
**ATLANTIC ENDEAVOR, INC.**

Principal Place of Business	Mailing Address
C/O ROBERT K. GIBBS 8500 HECKSCHER DR. JACKSONVILLE FL 32226	C/O ROBERT K. GIBBS 8500 HECKSCHER DR. JACKSONVILLE FL 32226

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>01/18/1989</b>	<b>03/31/1994</b>
4. FEI Number	Applied For
<b>59-2930187</b>	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Expenses	\$5.00 May Be Added to Fees
Trust Fund Contributions	<input type="checkbox"/>
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 <b>110 BAYAN ST</b>	26 <b>110 BAYAN ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>JACKSONVILLE, FLA.</b>	28 <b>JACKSONVILLE, FLA.</b>
Zip	Zip
Country	Country
24 <b>32202</b>	25 <b>ORVAL</b>
29 <b>32202</b>	30 <b>DURAL</b>

9. Name and Address of Current Registered Agent

**GIBBS, ROBERT K.**  
**8500 HECKSCHER DR.**  
**JACKSONVILLE FL 32226**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	
FL	B5 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 \_\_\_\_\_  
Signature of the person named as registered agent and the change date \_\_\_\_\_  
Signature of the person named as registered agent and the change date \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DPST</b>
NAME	<b>GIBBS, ROBERT K.</b>
STREET ADDRESS	<b>110 BAYAN ST</b>
CITY, ST, ZIP	<b>JACKSONVILLE FL 32202</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS, DIRECTORS, AND OFFICERS

17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 NAME	
17 STREET ADDRESS	
17 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and valid, for the exemption stated on this form. I understand that I am responsible for the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if I were the registered agent. I am an officer, director, or the registered agent or the person or persons empowered to exercise the right as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or was substituted with an addition.

SIGNATURE: Robert K. Gibbs **ROBERT K. GIBBS** 2/17/95 358-0202  
SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR