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

APPROVED AND FILED

95 APR 25 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000033900 (9)

1. Corporation Name
ENDEAVOR CORPORATION

Principal Place of Business
1589 METROPOLITAN BLVD #4B
TALLAHASSEE FL 32308

Mailing Address
1589 METROPOLITAN BLVD #4B
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1994
3a. Date of Last Report:

4. FEI Number: 59-3240970 | 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. 199.0?? Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1815 Thomasville Rd.	26 1815 Thomasville Rd.
Suite, Apt. #, etc. 22 # 5	Suite, Apt. #, etc. 27 # 5
City & State 23 Tallahassee FL	City & State 28 Tallahassee FL
Zip 24 32303 Country 25 USA	Zip 29 32303 Country 30 USA

9. Name and Address of Current Registered Agent

LARSEN, JAMES A
1589 METROPOLITAN BLVD #4B
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name: James A. Larsen
82 Street Address (P.O. Box Number is Not Acceptable): 2192 Plantation Forest Dr.
83
84 City: Tallahassee FL 85 Zip Code: 32311

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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: James A. Larsen [signature] 4-25-95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LARSEN, JAMES A
STREET ADDRESS	2192 PLANTATION FOREST DR
CITY-ST-ZIP	TALLAHASSEE FL 32311
TITLE	S
NAME	LARSEN, LINDA L
STREET ADDRESS	2192 PLANTATION FOREST DR
CITY-ST-ZIP	TALLAHASSEE FL 32311
TITLE	T
NAME	LARSEN, JAMES C
STREET ADDRESS	4815 47TH AVE W #211
CITY-ST-ZIP	BRADENTON FL 34210

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

500001467535
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****200.00 ****200.00

;S3 4/25/95

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 119.07(1)(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.

SIGNATURE: [signature] 4/25/95 904-561125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0027306 CP