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 20 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V15947** **(7)**

1. Corporation Name
AMERICAN ENDEAVORS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5588 LAKELAND FL 33807-5588	P.O. BOX 5588 LAKELAND FL 33807-5588

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/21/1992
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / County (25) / Zip (29) / County (30)

4. FEI Number: 59-3201401 ☐ 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

~~CLEMENTO, TOM G.~~
~~2005 2ND AVE. APT K~~
~~MULBERRY FL 33860~~

10. Name and Address of New Registered Agent

81 Name: Edgar E. Long
82 Street Address (P.O. Box Number is Not Acceptable): 6539 Lakeland Highlands Rd.
83
84 City: Lakeland FL 85 Zip Code: 33803

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: Edgar E. Long President/Registered Agent 4/17/95
(Signature for entity must be printed name of officer, title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE	delete	☒ Change ☐ Addition
NAME	~~CLEMENTO, TOM G.~~	1.2 NAME		
STREET ADDRESS	~~2005 2ND AVE. APT K~~	1.3 STREET ADDRESS		
CITY-ST-ZIP	~~MULBERRY FL~~	1.4 CITY-ST-ZIP		
TITLE	VDST	2.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, A.H.	2.2 NAME		
STREET ADDRESS	6348 CEDAR LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP		
TITLE	~~VP~~	3.1 TITLE	President	☒ Change ☐ Addition
NAME	LONG, ~~EDG~~	3.2 NAME	Long, Edgar E.	
STREET ADDRESS	6539 LAKELAND HIGHLANDS RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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.

SIGNATURE: Edgar E. Long Secretary/Treasurer 4/15/95 813-646-0507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016187 CP