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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000001661 (5)**

1. Corporation Name
BLACKBELT ACADEMIES, INC.

Principal Place of Business	Mailing Address
5043 MARINERS POINT DRIVE JACKSONVILLE FL 32225	5043 MARINERS POINT DRIVE JACKSONVILLE FL 32225-1109

3. Date Incorporated or Qualified: 04/01/1996
3a. Date of Last Report:

2. Principal Place of Business (21)
Suite, Apt. #, etc (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 59-3340409 ☐ 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

CLARK, ROSS T ESQUIRE
1558 SAN MARCO BOULEVARD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: William G Clark II
82 Street Address (P.O. Box Number is Not Acceptable): 5043 mariners Point DR
83
84 City: JAX **FL** 85 Zip Code: 32225

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] President 3/6/97
(NOTE: Registered Agent's signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

PCST
CLARK, WILLIAM G II
5043 MARINERS POINT DRIVE
JACKSONVILLE FL 32225
☐ DELETE

DV
CLARK, WILLIAM G II
5043 MARINERS POINT DRIVE
JACKSONVILLE FL 32225
☐ DELETE

☐ DELETE
☐ DELETE
☐ DELETE
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change	☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	☐ Change	☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	☐ Change	☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	☐ Change	☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	☐ Change	☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	☐ Change	☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 a director or officer 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 above, or on an attachment with an address.

SIGNATURE: [signature] President 3-6-97 904-724-2102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0037274