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Mar 13 1997 8:00am
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
5043 MARINERS POINT DRIVE
JACKSONVILLE FL 32225

Mailing Address
5043 MARINERS POINT DRIVE
JACKSONVILLE FL 32225-1109



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
04/01/1996

3a. Date of Last Report

21. State, Apt. #, etc.

26. State, Apt. #, etc.

4. FEI Number
59-3340409

Applied For
Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23. Zip

Country

28. Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24. Zip

Country

29. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

11. Pursuant to the provisions of Sections 607.0507 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, if applicable, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *William G Clark II*

(NOTE: Registered Agent Signature required when resigning)

DATE 3/6/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. PCST
CLARK, WILLIAM G II
5043 MARINERS POINT DRIVE
JACKSONVILLE FL 32225
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CLARK, WILLIAM G II
5043 MARINERS POINT DRIVE
JACKSONVILLE FL 32225
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1. 1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2. 2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3. 3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4. 4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
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5. 5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6. 6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I declare, 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 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 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed Name

0037274

CR2E034 (9/96)