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Sep 22 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 # L76894

(9)

1. Corporation Name

TAMPA TAE KWON DO, INC.

Principal Place of Business

1094 MONTGOMERY ROAD  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address

% GARRY DYALS  
1094 MONTGOMERY ROAD  
ALTAMONTE SPRINGS FL 32714-7420  
US

2. Principal Place of Business

21 3411 S. Dale Mabry  
Suite, Apt. #, etc.

2a. Mailing Address

26 % GARRY DYALS  
Suite, Apt. #, etc.

22 City & State

23 TAMPA, Fla.  
Zip Country

27 City & State

28 TAMPA, Fla.  
Zip Country

24 33629  
Zip Country

29 33606  
Zip Country

9. Name and Address of Current Registered Agent

DYALS, GARRY  
1094 MONTGOMERY ROAD  
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified

05/31/1990

3a. Date of Last Report

08/06/1996

4. FEI Number

59-3023972

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME DYALS, MARGOT  
STREET ADDRESS 1094 MONTGOMERY ROAD  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE D  
NAME DYALS, GARRY W.  
STREET ADDRESS 1094 MONTGOMERY ROAD  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME DYALS, MARGOT  
1.3 STREET ADDRESS 118 Biscayne Ave.  
1.4 CITY-ST-ZIP TAMPA, FL 33606

2.1 TITLE D  
2.2 NAME DYALS, GARRY  
2.3 STREET ADDRESS 118 Biscayne Ave.  
2.4 CITY-ST-ZIP TAMPA, FL 33606

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

500002303275  
-09/25/97--01048--020  
\*\*\*550.00

14. I do 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 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.

CR2E034 (9/96)