

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N92000000845 (9)

1. Corporation Name

DUNKLIN INTERNATIONAL TRAINING CENTER, INC.

95 MAY -1 PM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**3342 S.W. HOSANNAH LANE
OKEECHOBEE FL 34974**

Mailing Address

**3342 S.W. HOSANNAH LANE
OKEECHOBEE FL 34974**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1992

3a. Date of Last Report

02/03/1994

4. FBI Number

65-0388174

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EVANS, DONALD E
3342 S.W. HOSANNAH
OKEECHOBEE FL 34974**

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

Donald E. Evans

Donald E. Evans

4-24-95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
MURROW, HUGH
3342 S.W. HOSANNAH LANE
OKEECHOBEE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JOLICOEUR, JERRY
2044 S.W. 19TH LN
OKEECHOBEE FL 34974**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CAREY, LOU
3342 SW HOSANNAH
OKEECHOBEE FL 34974**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BEESON, FRED
6126 WOODCREEK CT
JUPITER FL 33458**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**C
EVANS, DONALD E
15350 S.W. OAK ST
INDIANTOWN FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
STRAYHORN, GUY R
12314 RIVER RD. S.E.
FORT MYERS FL 33905**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donald E. Evans

Donald E. Evans

4-24-95

Date

Daytime Phone #