


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000845 (9)**

1. Corporation Name

DUNKLIN INTERNATIONAL TRAINING CENTER, INC.

Principal Place of Business

Mailing Address

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

**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 **05/01/1996**

4. FEI 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**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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	EVANS, DONALD E.
82 Street Address (P.O. Box Number is Not Acceptable)	3505 Deer Run Trail
83	
84 City	Okeechobee
85 Zip Code	FL 34974

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and 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	ST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURROW, HUGH	1.2 NAME	
STREET ADDRESS	3342 S.W. HOSANNAH LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOLICOEUR, JERRY	2.2 NAME	
STREET ADDRESS	2044 S.W. 19TH LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, LOU	3.2 NAME	
STREET ADDRESS	3342 SW HOSANNAH	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEESON, FRED	4.2 NAME	
STREET ADDRESS	6126 WOODCREEK CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, DONALD E	5.2 NAME	EVANS, DONALD E.
STREET ADDRESS	15350 S.W. OAK ST	5.3 STREET ADDRESS	3505 Deer Run Trail
CITY-ST-ZIP	INDIANTOWN FL	5.4 CITY-ST-ZIP	Okeechobee, FL 34974
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAYHORN, GUY R	6.2 NAME	
STREET ADDRESS	12314 RIVER RD. S.E.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33905	6.4 CITY-ST-ZIP	

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

SIGNATURE **EVANS, DONALD E.** SIGNATURE REQUIRED

CR2E037 (4/97)