

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P92000005535 (9)**

1. Corporation Name

**FORT GATLIN FULL CONTACT KARATE & BOXING GYM, IN C.**



Principal Place of Business

Mailing Address

**119 GATLIN AVENUE  
ORLANDO FL 32806**

**119 GATLIN AVENUE  
ORLANDO FL 32806**

2. Principal Place of Business

2a. Mailing Address

**21 5001 Aluthra Way**

**26 5001 Aluthra Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 #1515**

**27 #1515**

City & State

City & State

**23 Orlando FL**

**28 Orlando FL**

Zip Country

Zip Country

**24 32839**

**25 Orange**

**29 32839**

**30 Orange**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**11/16/1992**

3a. Date of Last Report

**06/13/1995**

4. FEI Number

**59-3155616**

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

**JENKIN, TERRY L  
119 GATLIN AVENUE  
ORLANDO FL 32806**

81 Name

**Jenkin, Terry L**

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

**5001 Aluthra Way**

83

**#1515**

84

**Orlando,**

**FL**

85

**Zip Code  
32839**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **JENKIN, TERRY L**  
STREET ADDRESS **119 GATLIN AVENUE**  
CITY - ST - ZIP **ORLANDO FL 32806**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
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CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **Jenkin, Terry L**  
1.3 STREET ADDRESS **5001 Aluthra Way #1515**  
1.4 CITY - ST - ZIP **Orlando, FL 32839**

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

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Terry Jenkin**

**6-18-96**

**407-438-0568**

Date

Daytime Phone #

CR2E034 (3/96)