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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:17

DOCUMENT # **P92000011539 (3)**

1. Corporation Name
OKINAWAN KARATE SCHOOL, INC.

Principal Place of Business	Mailing Address
606 S TYNDALL PARKWAY PARKER FL 32404 US	606 S TYNDALL PARKWAY PARKER FL 32404 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1992	3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-3154619	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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOHRDING, RICHARD C 4131 HARLAN SHOPE ROAD PANAMA CITY FL FL324-04	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 signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	P	1.1 TITLE ☐ Change ☐ Addition
NAME	LOHRDING, RICHARD C	1.2 NAME
STREET ADDRESS	4131 HARLAN SHOPE RD.	1.3 STREET ADDRESS
CITY ST ZIP	PANAMA CITY FL	1.4 CITY ST ZIP
TITLE	T	2.1 TITLE ☐ Change ☐ Addition
NAME	LOHRDING, SHARON S	2.2 NAME
STREET ADDRESS	4131 HARLEN SHOPE ROAD	2.3 STREET ADDRESS
CITY ST ZIP	PANAMA CITY FL	2.4 CITY ST ZIP
TITLE		3.1 TITLE ☐ Change ☐ Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY ST ZIP		3.4 CITY ST ZIP
TITLE		4.1 TITLE ☐ Change ☐ Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY ST ZIP		4.4 CITY ST ZIP
TITLE		5.1 TITLE ☐ Change ☐ Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY ST ZIP		5.4 CITY ST ZIP
TITLE		6.1 TITLE ☐ Change ☐ Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY ST ZIP		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(1)(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.

SIGNATURE: Richard C. Lohrding — 20 Feb 95 — 904-769-4937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Richard C. Lohrding

0030866 CP