

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**95 APR 24 PM 3:10**

**DOCUMENT # P94000016001 (7)**

1. Corporation Name  
**"BAYLY'S KARATE CLUB" INC.**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address  
**1114 E JEFFERSON STREET  
BROOKSVILLE FL 34001** **P.O. BOX 954  
BROOKSVILLE FL 34005**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/01/1994** 3a. Date of Last Report

4. FEI Number **59 3230722** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Section 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  
**6238 SPRING LAKE HWY. SAME**

21. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

22. City & State 27. City & State  
**BROOKSVILLE, FL.**

24. Zip 25. Country 29. Zip 30. Country  
**34601 USA**

9. Name and Address of Current Registered Agent

**BAYLY, STEVEN F  
7499 HIGH CORNER RD  
BROOKSVILLE FL 34002**

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: *Steven F. Bayly* DATE: **4-19-95**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>BAYLY, STEVEN F</b>
STREET ADDRESS	<b>7495 HIGH CORNER RD</b>
CITY - ST - ZIP	<b>BROOKSVILLE FL 34602</b>
TITLE	<b>VD</b>
NAME	<b>BAYLY, SHERRI L</b>
STREET ADDRESS	<b>7495 HIGH CORNER RD</b>
CITY - ST - ZIP	<b>BROOKSVILLE FL 34602</b>
TITLE	<b>TD</b>
NAME	<b>DAVIDSEN, SUSAN M</b>
STREET ADDRESS	<b>7499 HIGH CORNER RD</b>
CITY - ST - ZIP	<b>BROOKSVILLE FL 34602</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Steven F. Bayly* **STEVEN F. BAYLY** DATE: **4-19-95** **796-7646**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR USER OR DIRECTOR (Typed Name)