## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## P94000016001 (7) **DOCUMENT #**

"BAYLY'S KARATE CLUB" INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 27 1998 8:00am Secretary of State



4184 SPRING LAKE HIGHWAY P.O. BOX 954 **BROOKSVELLE FL 34601 BROOKSVILLE FL 34805** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/01/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3230722 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Ζiρ Country This corporation owes or has paid the current year Intangible Z Yes □ No 24 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Bayly, Steven F 7499 HIGH CORNER RD Street Address (P.O. Box Number is Not Acceptable) BROOKSVILLE FL 34602 83 84 City 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 reinstaling) OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE ☐ Change Addition TITLE 1.1 TITU BAYLY, STEVEN F NAME 1.2 NAME 7495 HIGH CORNER RD 1.3 STREET ADDRESS STREET ADDRESS **BROOKSVILLE FL 34602** 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BAYLY, SHERRI L NAME 2.2 NAME 7495 HIGH CORNER RD 2.3 STREET ADDRESS STREET ADORESS BROOKSVILLE FL 34602 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition TITLE 3.1 TITLE NAME DAVIDSEN, SUSAN M 3.2 NAME 7499 HIGH CORNER RD STREET ADORESS 3.3 STREET ADDRESS **BROOKSVILLE FL 34802** CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ DELETE Change Addition 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-2IP 6.4 CITY - ST - ZIP

14. I 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 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. 352)

SIGNATURE:

4-20-98

99-4574