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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **P95000038062 (2)**

1. Corporation Name
**WHITE TIGER KENPO, LTD. INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| **1963 SR 3**<br>**ST. AUGUSTINE FL 32084** | **284 OLE ROAD**<br>**ST. AUGUSTINE FL 32084-7315** |

| | |
|---|---|
| 3. Date Incorporated or Qualified: **05/15/1995** | 3a. Date of Last Report: **04/23/1996** |
| 4. FEI Number: **59-3317373** | ☐ 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 56 Dolphin Drive |
| Suite, Apt. #, etc: 22 | Suite, Apt. #, etc: 27 |
| City & State: 23 | City & State: 28 St. Augustine, FL |
| Zip: 24 / Country: 25 | Zip: 29 32084 / Country: 30 USA |

**9. Name and Address of Current Registered Agent**

**EVANS, SANDRA E**
**284 OLE ROAD**
**ST. AUGUSTINE FL 32084**

**10. Name and Address of New Registered Agent**

81 Name: Sandra E. Evans
82 Street Address (P.O. Box Number is Not Acceptable): 56 Dolphin Drive
83
84 City: St. Augustine **FL** 85 Zip Code: 32084

**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: Sandra Evans — 4/15/97
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature is required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PS<br>SAULS, O. VERNON III<br>409 A. STREET<br>ST. AUGUSTINE FL 32084 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VT<br>EVANS, SANDRA E<br>284 OLE ROAD<br>ST. AUGUSTINE FL 32084 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | 56 Dolphin Drive<br>St. Augustine, FL 32084 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

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

SIGNATURE: Sandra E. Evans — 4/15/97 — 904-808-7432

CR2E034 (9/96)