

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000053904 (5)

1. Corporation Name

MAXIMUM MARTIAL ARTS STUDIO, INC.

Principal Place of Business

1660 BROOK DRIVE
DUNEDIN FL 34698

Mailing Address

1660 BROOK DRIVE
DUNEDIN FL 34698



3. Date Incorporated or Qualified
07/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FFL Number

59-3330229

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEDDON, JOSEPH C
1660 BROOK DRIVE
DUNEDIN FL 34698

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

Joseph C. Seddon

NOTE: Registered Agent signature required when registered agent is changed.

4/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

NAME Joseph C. Seddon
STREET ADDRESS 1660 Brook Dr
CITY-ST-ZIP Dunedin, FL 34698

1.2 NAME

TITLE ☐ DELETE

1.3 STREET ADDRESS

NAME Vice President
STREET ADDRESS Thomas A. Seddon
CITY-ST-ZIP 1660 Brook Dr
Dunedin, FL 34698

2.1 TITLE

TITLE ☐ DELETE

2.2 NAME

NAME Secretary
STREET ADDRESS Thomas A. Seddon II
CITY-ST-ZIP 1660 Brook Dr
Dunedin, FL 34698

2.3 STREET ADDRESS

TITLE ☐ DELETE

2.4 CITY-ST-ZIP

NAME Treasurer
STREET ADDRESS Lorraine Seddon
CITY-ST-ZIP 1660 Brook Dr
Dunedin, FL 34698

3.1 TITLE

TITLE ☐ DELETE

3.2 NAME

NAME

3.3 STREET ADDRESS

STREET ADDRESS

3.4 CITY-ST-ZIP

CITY-ST-ZIP

TITLE

4.1 TITLE

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE

5.1 TITLE

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

6.1 TITLE

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(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:

Joseph C. Seddon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

813.
733-5708

CR2E034 (12/95)