

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90213 016 ***150.00

062517

DOCUMENT # P98000003959

1. Corporation Name
HURLEYS KARATE DOJO, INC.

Principal Place of Business
806 CLEARWATER LARGO RD.
LARGO FL 33778

Mailing Address
806 CLEARWATER LARGO RD.
LARGO FL 33778

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1998

4. FEI Number

59-3493187

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 11423 Wilmerton Rd

Suite, Apt. #, etc.

22

City & State

23 LARGO FL.

Zip

24 33778

Country

25 USA

2a. Mailing Address

26 139 Bluff View Dr. #103

Suite, Apt. #, etc.

27

City & State

28 Belleair Bluffs FL.

Zip

29 33770

Country

30 USA

9. Name and Address of Current Registered Agent

HURLEY, MICHAEL M

~~806 CLEARWATER LARGO RD.~~
~~LARGO FL 33778~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

139 Bluff View Drive

83 APT. NO. 103

84 City Belleair Bluffs

FL

85 Zip Code 33770

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/ SECRETARY ☐ Change ☒ Addition
1.2 NAME BARBARA J. HURLEY
1.3 STREET ADDRESS 139 Bluff View Dr. Apt. 103
1.4 CITY-ST-ZIP Belleair Bluffs FL 33770

2.1 TITLE VICE-PRESIDENT/TRES. ☐ Change ☒ Addition
2.2 NAME MICHAEL M. HURLEY
2.3 STREET ADDRESS 139 Bluff View Dr. Apt. 103
2.4 CITY-ST-ZIP Belleair Bluffs FL 33770

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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, with all other like empowered.

SIGNATURE:

Michael M. Hurley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1st 1999 (727) 581-2425
Date Daytime Phone #

CR2E034 (11/98)