

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4: 05

DOCUMENT # V12609 (6)

1. Corporation Name

SUN BELT MARTIAL ARTS ACADEMY, INC.

Principal Place of Business

Mailing Address

11570 SAN JOSE BLVD
SUITE 19 & 20
JACKSONVILLE FL 32223
US

PO BOX 17344
SUITE 19 & 20
JACKSONVILLE FL 32245-7344
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Rechartered 02/07/1992	3b. Date of Last Report 04/15/1994
4. FEI Number 59-3110012	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 § 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. P.O. Box 17344
22. City & State	27. Jacksonville, FL
23. Zip	28. 32245-7344
24. Country	29. US

9. Name and Address of Current Registered Agent

AKEL, EDWARD C.
ONE INDEPENDENT DR
2301 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81. Name	85. State
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

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 officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Agent and Types or prints the name of registered agent and the signature)

(If the Registered Agent's signature is required after verification)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGE TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D KERNER, DONALD T 2530 SOUTHSIDE BLVD JACKSONVILLE FL	TITLE NAME STREET ADDRESS CITY, ST, ZIP	D/P/T/S ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY, ST, ZIP		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from Florida's Freedom of Access to Clinic Entrances Act. 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 my signature were on a document filed with the Department of State. I am an officer or director of this 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 my address.

SIGNATURE: *Donald T. Kerner* Donald T. Kerner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-95

904-636-1265