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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752888 (8)
 1. Corporation Name
WEST FLORIDA LIGHTNING AQUATICS, INC.



Principal Place of Business P O BOX 296 LARGO FL 34649	Mailing Address P O BOX 296 LARGO FL 33779-0296
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/11/1980	3a. Date of Last Report 05/01/1996
21	26	4. FEI Number 59-6582968		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GENTRY, ELBERT 3072 KEENE PARK DRIVE LARGO FL 34641				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PP CARON, LINDA 12840 93 AVE. N. SEMINOLE FL	1.1 TITLE	PP CROMAN, CRAIG 2840 W. Bay Dr. #124 BELLEAIR BLUFFS FL 33770
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD CROMAN, CRAIG 107 HARBOR VIEW LARGO FL	2.1 TITLE	PD THOMPSON, RUTH 8685 124 WAY N. SEMINOLE FL. 33772
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD RAYNOVICH, LOIR 420 BOCA CIEGA DR MADEIRA BEACH FL	3.1 TITLE	SD HURST DARLENE 11234 111 AV. N. LARGO FL. 33778
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VPD THOMPSON, RUTH 8685 124 WAY NORTH SEMINOLE FL	4.1 TITLE	VPD TOLLON, CYNTHIA 10488 SOVEREIGN DR. LARGO FL 33774
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD GENTRY, ELBERT 3072 KEENE PARK DR LARGO FL	5.1 TITLE	TD URBAN, PATRICIA 8930 124 WAY N. SEMINOLE FL 33772
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	AST FRANCIS, BARBARA 12256 93 STREET NORTH LARGO FL	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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda Caron* 1/20/97 813-596-9352

CR2E037 (9/96)

LINDA CARON
12840 93 Av. N.
SEMINOLE FL.
33776