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DIVISION OF CORPORATIONS
95 MAY -1 AM 10:47

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N24457** **(6)**

1. Corporation Name

TAMPA BAY JUNIOR LIGHTNING INC.

Principal Place of Business	Mailing Address
P.O. BOX 24632 TAMPA FL 33623-4632	P.O. BOX 24632 TAMPA FL 33623-4632

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1988
3a. Date of Last Report: 07/25/1994
4. FEI Number: 59-2846283 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WASILEWSKI, RICHARD
13940 ICOT BLVD
RUBIN ICOT CENTER
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	~~PRES-TREAS~~ P/D	☒ Change ☐ Addition
NAME	STIKELEATHER, JAMES	1.2 NAME	TERENCE E. VAYDA	
STREET ADDRESS	4520 PONE HOLLOW DRIVE	1.3 STREET ADDRESS	5006 28TH CT. EAST	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	BRADENTON, FL 34203	
TITLE	VD	2.1 TITLE	~~VICE~~ V/D	☒ Change ☐ Addition
NAME	LETONA, EDGAR	2.2 NAME	Pretto, Paul	
STREET ADDRESS	1097 38 AVENUE, NORTHEAST	2.3 STREET ADDRESS	2827 Eagle Run Cir	
CITY - ST - ZIP	ST. PETERSBURG FL	2.4 CITY - ST - ZIP	Clearwater, FL 34620	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	GEHRES, LAURIE B.	3.2 NAME		
STREET ADDRESS	1428 JUNGLE AVENUE, NORTH	3.3 STREET ADDRESS		
CITY - ST - ZIP	ST. PETERSBURG FL	3.4 CITY - ST - ZIP		
TITLE	TD	4.1 TITLE	T/D	☒ Change ☐ Addition
NAME	DELUCA, JULIE	4.2 NAME	Stikeleather, Janet	
STREET ADDRESS	3536 ENTERPRISE ROAD, EAST	4.3 STREET ADDRESS	4520 Pine Hollow Dr.	
CITY - ST - ZIP	SAFETY HARBOR FL	4.4 CITY - ST - ZIP	Tampa, FL. 33624	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - ST - ZIP		5.4 CITY - ST - ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY - ST - ZIP		6.4 CITY - ST - ZIP	REMITTED BY MAY 1	

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)(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: Terence E Vayda 4-20-95 813-755-3954
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0064444