

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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 P.O. Box 24632  
Tampa, FL 33623-4632 Tampa, FL 33623-4632

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc		26 Suite, Apt. #, etc		01/22/1988	4/20/1995
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-2846283	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input checked="" type="checkbox"/>	
				6. Election Campaign Financing	\$5.00 May Be Added to Fees
				Trust Fund Contribution	<input type="checkbox"/>
				8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name		81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)		82 Street Address (P.O. Box Number is Not Acceptable)	
83		83	
84 City		84 City	
Wasilewski, Richard		FL	
13940 Icot Blvd.		85 Zip Code	
Rubin Icot Center			
Clearwater FL 34620			

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 \_\_\_\_\_ (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 <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERENCE E. VAYDA	12 NAME	
STREET ADDRESS	5006 28th Ct East	13 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34203	14 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Pretto	22 NAME	DAN FURLONG
STREET ADDRESS	2827 Eagle Run Circle	23 STREET ADDRESS	534 20 Avenue
CITY-ST-ZIP	Clearwater, FL 34620	24 CITY-ST-ZIP	Indian Rocks Bch 34635
TITLE	SD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laurie Gehres	32 NAME	
STREET ADDRESS	1428 Jungle Ave. North	33 STREET ADDRESS	
CITY-ST-ZIP	St Petersburg, FL 33710	34 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janet Stikeleather	42 NAME	Laurette Marcoux
STREET ADDRESS	4520 Pine Hollow Dr.	43 STREET ADDRESS	140 SW Monroe Circle N.
CITY-ST-ZIP	Tampa, FL 33624	44 CITY-ST-ZIP	St Petersburg, FL 33703
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	400001820104
CITY-ST-ZIP		54 CITY-ST-ZIP	-05/14/96--01046--010
TITLE	<input type="checkbox"/> DELETE	61 TITLE	***70.00
NAME		62 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Laurette Marcoux April 27, 1996 813-381-8943  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)