

FILE NOW: FILING FEE IS \$61.25

FILED

Sep 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N24457 (6)**  
1. Corporation Name  
**TAMPA BAY JUNIOR LIGHTNING INC.**



Principal Place of Business <b>P.O. BOX 24632 TAMPA FL 33623-4632</b>	Mailing Address <b>P.O. BOX 24632 TAMPA FL 33623-4632</b>
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3. Date Incorporated or Qualified <b>01/22/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2846283</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

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	85 Zip Code

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	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	VAYDA, TERENCE E.
STREET ADDRESS	5006 28TH CT. EAST
CITY-ST-ZIP	BRADENTON FL 34203
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	FURLONG, DAN
STREET ADDRESS	534 20TH AVENUE
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34635
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	GEHRES, LAURIE B.
STREET ADDRESS	1428 JUNGLE AVENUE, NORTH
CITY-ST-ZIP	ST. PETERSBURG FL 33710
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	MARCOUX, LAURETTE
STREET ADDRESS	140 SW MONROE CIRCLE NORTH
CITY-ST-ZIP	ST PETERSBURG FL 33703
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Edgar Letons
1.3 STREET ADDRESS	109th 39th Ave NE
1.4 CITY-ST-ZIP	20th Pct FL 33704
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CAGLEY, TOM
2.3 STREET ADDRESS	2130 CHERRY ST. N.E.
2.4 CITY-ST-ZIP	St. Pete, FL 33704
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HOLLOWAY, STANLEY J
3.3 STREET ADDRESS	211 CHIPPEWA AVE
3.4 CITY-ST-ZIP	TAMPA, FL 33606
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Shelly Tague
4.3 STREET ADDRESS	612 Overhill Rd
4.4 CITY-ST-ZIP	Brandon FL 33511
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(l), 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 \_\_\_\_\_

CR2E037 (9/96)