

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90095 007 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24457

1. Corporation Name

TAMPA BAY JUNIOR LIGHTNING INC.

Principal Place of Business

P.O. BOX 24632
TAMPA FL 33623-4632

Mailing Address

P.O. BOX 24632
TAMPA FL 33623-4632



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/22/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2846283	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCHUTZ, DONALD			1.2 NAME	Edgar Latona		
STREET ADDRESS	419 55TH AVENUE			1.3 STREET ADDRESS	1097 38th Ave N,		
CITY-ST-ZIP	ST PETERSBURG FL 33706			1.4 CITY-ST-ZIP	St Petersburg, FL 33704-1627		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FURLONG, RENEE			2.2 NAME	Gail Page		
STREET ADDRESS	534 20TH AVENUE			2.3 STREET ADDRESS	775 116th Avenue		
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785			2.4 CITY-ST-ZIP	Treasure Island, FL 33706-1023		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEACH, GEORGE W			3.2 NAME			
STREET ADDRESS	8140 CANTERBURY CIRCLE N			3.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL 33777-3041			3.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HAMLETT, CHIP			4.2 NAME	Daniel Friedrich		
STREET ADDRESS	311 80TH AVENUE N E			4.3 STREET ADDRESS	7272 125th St N		
CITY-ST-ZIP	ST PETE FL 33702			4.4 CITY-ST-ZIP	Seminole, FL 33772-5505		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George W. Leach (813) 963-3055

Date

anytime Phone #

CR2E037 (11/98)