


FILE NOW: FILING FEE IS \$61.25

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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006205 (5)**

1. Corporation Name

BAD BOYS WRESTLING CLUB, INC.



Principal Place of Business	Mailing Address
2047 22 WAY SW LARGO FL 33774	2047 22 WAY SW LARGO FL 33774

3. Date Incorporated or Qualified
11/03/1997

4. FEI Number ☐ Applied For
☒ Not Applicable

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 Zip
24 Country	29 Country
25	30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GULLEY, MIKE
2047 22 WAY SW
LARGO FL 33774

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 *Mike Gulley* *Mike Gulley* DATE

12. OFFICERS AND DIRECTORS	
TITLE	VIC - PRESIDENT - D <input checked="" type="checkbox"/> DELETE
NAME	BOB MILLER
STREET ADDRESS	1522 S WASHINGTON AV
CITY-ST-ZIP	CLW FL 34615
TITLE	CHAIRMAN - D <input checked="" type="checkbox"/> DELETE
NAME	THOMAS MCCOVELL
STREET ADDRESS	420 HUDSON ST
CITY-ST-ZIP	CLW FL 34616
TITLE	PRESIDENT - D <input checked="" type="checkbox"/> DELETE
NAME	MIKE GULLEY
STREET ADDRESS	2047 22 WAY SW
CITY-ST-ZIP	LARGO FL 33774
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	CHAIRMAN - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STEVEN M. SEIBERT
3.3 STREET ADDRESS	100 CARILLON PARKWAY
3.4 CITY-ST-ZIP	ST PETE FL 33716
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: *Mike Gulley* *Mike Gulley* 6-8-98 813-586-5430

CR2E037 (10/97)