

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000041567 (7)

1. Corporation Name

NIGHTSPIKER FLUORESCENT VOLLYBALL, INC.

Principal Place of Business

8129 CAUSEWAY BOULEVARD, SOUTH
ST. PETERSBURG FL 33707

Mailing Address

8129 CAUSEWAY BOULEVARD, SOUTH
ST. PETERSBURG FL 33707



2. Principal Place of Business

21 Suite, Apt. #, or **NIGHTSPIKER**
22 **8129 Causeway Boulevard South**
City & State **St Petersburg, Florida 33707**

2a. Mailing Address

26 **NIGHTSPIKER**
27 **8129 Causeway Boulevard South**
City & State **St Petersburg, Florida 33707**

3. Date Incorporated or Qualified
06/11/1993

3a. Date of Last Report
06/23/1995

4. FEI Number

59-3193087

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

24 Zip **33707**

25 Country **Pine llas**

29 Zip **33707**

30 Country **Pine llas**

9. Name and Address of Current Registered Agent

POFF, DAVID
8129 CAUSEWAY BOULEVARD
ST. PETERSBURG FL 33707

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **P**
NAME **POFF, W. D**
STREET ADDRESS **8129 CAUSEWAY BLVD., S.**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **VICE PRESIDENT**
NAME **JOHN HARBET**
☐ DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

VICE PRESIDENT

1.2 NAME

JOHN HARBET

1.3 STREET ADDRESS

8129 Causeway Blvd. S.

1.4 CITY-ST-ZIP

ST Petersburg, FL 33707

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. DAVID POFF

2-20-96
Date

813-384-2586
Daytime Phone #

CR2E034 (12/95)