

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000015542 (1)**

1. Corporation Name

BAY AREA RENEGADE INVESTMENTS INC.,



Principal Place of Business

Mailing Address

**221 LAFAYETTE BLVD
OLDSMAR FL 34677**

**221 LAFAYETTE BLVD
OLDSMAR FL 34677**

3. Date Incorporated or Qualified
02/24/1994

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-3222533

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WICKY, JERRY
221 LAFAYETTE BLVD
OLDSMAR FL 34677**

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 signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **WICKY, JERRY**
STREET ADDRESS **221 LAFAYETTE BLVD**
CITY-STATE-ZIP **OLDSMAR FL 34677**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **NICK MOLDOVAN**
1.3 STREET ADDRESS **2884 ST. JOHNS DR.**
1.4 CITY-STATE-ZIP **CLEARWATER, FL 34619**

TITLE **P** ☐ DELETE
NAME **PANNONE, RAYMOND C.**
STREET ADDRESS **1435 WEST WATERVIEW DRIVE**
CITY-STATE-ZIP **LARGO FL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **ROBERT WITT**
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **EUGENE MALDONI**
3.3 STREET ADDRESS **6464 EMERSON AVE**
3.4 CITY-STATE-ZIP **ST. PETERSBURG, FL 33707**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **TOM KOHL**
4.3 STREET ADDRESS **1393 LIME ST**
4.4 CITY-STATE-ZIP **CLEARWATER, FL 34616**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **JOHN PIPE**
5.3 STREET ADDRESS **6510 RACQUET CLUB DR**
5.4 CITY-STATE-ZIP **LAUDERHILL, FL 33319**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **NEAL WILLIAMSON**
6.3 STREET ADDRESS **3800 40TH WAY S.**
6.4 CITY-STATE-ZIP **ST. PETERSBURG, FL 33711**

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

JERRY WICKY

4/1/96

Date

813-855-9546

Daytime Phone #

CR2E034 (12/95)