

FILED

Apr 29, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000058287

1. Corporation Name

RENEGADE CHAMPIONSHIP WRESTLING, INC.


 Principal Place of Business
 ONE WEST MACCLENNEY AVE
 MACCLENNEY FL 32063

 Mailing Address
 ONE WEST MACCLENNEY AVE
 MACCLENNEY FL 32063

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1998	4. FEI Number 59-3576586	5. Certificate of Status Desired <input type="checkbox"/> Not Applicable	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$8.75 Additional Fee Required	7. \$5.00 May Be Added to Fees
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	29. Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

 KIRKLAND, GRANVEL S
 ONE WEST MACCLENNEY AVE
 MACCLENNEY FL 32063

10. Name and Address of New Registered Agent

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

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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Granvel S. Kirkland
STREET ADDRESS		1.3 STREET ADDRESS	One W. Macclennay Avenue
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	Macclennay, Florida 32063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Margaret A. Kirkland
STREET ADDRESS		2.3 STREET ADDRESS	One W. Macclennay Avenue
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	Macclennay, Florida 32063 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
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-STATE-ZIP		5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-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 607, 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:

 Margaret A. Kirkland
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 MARGARET A. KIRKLAND

4/26/99

Date

(904) 259-3161

Telephone #

CR2E034 (11/98)