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Apr 02, 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 # 827951

1. Corporation Name
OVERNITE TRANSPORTATION COMPANY



Principal Place of Business 1000 SEMMES AVENUE RICHMOND VA 23224-2246 US	Mailing Address P O BOX 1216 RICHMOND VA 23209-1216 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 P O BOX 1216
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 RICHMOND, VA
Zip 24	Country 25
Country 29	Zip 30 23218-1216

3. Date Incorporated or Qualified 05/11/1972	
4. FEI Number 54-0481236	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
 1201 HAYES ST
 SUITE 105
 TALLAHASSEE FL 32301

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 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	DIGGS, HAROLD M
STREET ADDRESS	1000 SEMMES AVENUE
CITY-ST-ZIP	RICHMOND VA 23224
TITLE	V <input type="checkbox"/> DELETE
NAME	HEATON, J. P.
STREET ADDRESS	1000 SEMMES AVENUE
CITY-ST-ZIP	RICHMOND VA
TITLE	CEO <input type="checkbox"/> DELETE
NAME	SUGGS, LEO H
STREET ADDRESS	1000 SEMMES AVENUE
CITY-ST-ZIP	RICHMOND VA
TITLE	D <input type="checkbox"/> DELETE
NAME	DAVIDSON, RICHARD K
STREET ADDRESS	1717 MAIN STREET, SUITE 5900
CITY-ST-ZIP	DALLAS TX 75201
TITLE	SRVP <input type="checkbox"/> DELETE
NAME	HANLEY, PATRICK D
STREET ADDRESS	1000 SEMMES AVENUE
CITY-ST-ZIP	RICHMOND VA
TITLE	S <input type="checkbox"/> DELETE
NAME	MCKNIGHT, LISA B.
STREET ADDRESS	1000 SEMMES AVENUE
CITY-ST-ZIP	RICHMOND VA 23224

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Harold M. Diggs* HAROLD M. DIGGS 4/1/99 804-231-8228
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)