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FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 670430

(8)

1. Corporation Name

LIGHTNING FREIGHT SERVICE, INC.

Principal Place of Business

4443 NORTH LAUBER WAY  
C/O BILLY J. MARTIN  
TAMPA FL 33614

Mailing Address

4443 NORTH LAUBER WAY  
C/O BILLY J. MARTIN  
TAMPA FL 33614-7624

3. Date Incorporated or Qualified  
05/16/1980

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 3112 W. RIVER COVE DR.

Suite, Apt. #, etc.

22

City & State

23 TAMPA FL.

Zip

24 33614

Country

25 HILLSBOROUGH

2a. Mailing Address

26 LIGHTNING FREIGHT SERVICE

Suite, Apt. #, etc.

27 P.O. BOX 153161  
TAMPA, FL 33684-3161

City & State

28

Zip

29

Country

30

4. FEI Number

59-2036250

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

MARTIN, BILLY J.  
4441 NORTH LAUBER WAY  
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

MARTIN BILLY J.

82 Street Address (P.O. Box Number is Not Acceptable)

83 3112 W. RIVER COVE DR.

84 City

TAMPA

FL

85 Zip Code  
33614

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

Billy J. Martin PD.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

APRIL 18TH 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD  
MARTIN, BILLY J.  
3112 RIVERCOVE DR.  
TAMPA FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
MARTIN, DELORES L.  
3112 RIVERCOVE DR.  
TAMPA FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

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 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.

SIGNATURE:

APR 18 1997

4-18-97

774 3178

CR2E034 (9/96)