

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 # H10712 (8)

1. Corporation Name

FLY BY NIGHT SCREEN PRINTING OUTFIT, INC.

Principal Place of Business

5114 N. NEBRASKA AVENUE  
TAMPA FL 33603

Mailing Address

5114 N. NEBRASKA AVENUE  
TAMPA FL 33603

FILED

96 MAY 10 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

07/03/1984

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2420005

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

FOX, THOMAS P.  
401 E. KENNEDY BLVD  
TAMPA FL 33602

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 607.1502, 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 or new registered agent

(Print) Registered Agent Signature (typed or printed name)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                 | STREET ADDRESS      | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
|-------|----------------------|---------------------|-----------------|---------------------------------|
|       | DP SCHMITT, DAVID G. | 6420 CENTRAL AVENUE | TAMPA FL        | <input type="checkbox"/>        |
|       | DST SCHMITT, CONNIE  | 6420 CENTRAL AVENUE | TAMPA FL        | <input type="checkbox"/>        |
|       |                      |                     |                 | <input type="checkbox"/>        |
|       |                      |                     |                 | <input type="checkbox"/>        |
|       |                      |                     |                 | <input type="checkbox"/>        |
|       |                      |                     |                 | <input type="checkbox"/>        |

13.

| TITLE     | NAME     | STREET ADDRESS     | CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-----------|----------|--------------------|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | <input type="checkbox"/>                                          |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/>                                          |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/>                                          |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/>                                          |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/>                                          |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/>                                          |

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

David G. Schmitt

5/8/96 (813) 278-0323

CR2E034 (12/95)