

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M84559** (7)  
1. Corporation Name  
**FLORIDA OVERNIGHT, INC.**



Principal Place of Business Mailing Address  
**1271 LA QUINTA DR  
STE 5  
ORLANDO FL 32809  
US**

3. Date Incorporated or Qualified **06/01/1988** 3a. Date of Last Report **03/16/1995**  
4. FEI Number **59-2895476** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**GIORDANO, JOHN N.  
220 SOUTH FRANKLIN STREET  
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 607.1508, 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

OFFICERS AND DIRECTORS

12. ☐ DELETE  
TITLE **P**  
NAME **STROM, BILL**  
STREET ADDRESS **4521 MOORE CIR**  
CITY-ST-ZIP **TALLAHASSEE FL**  
TITLE ☐ DELETE  
NAME **ST**  
NAME **ONDRAK, MICHAEL**  
STREET ADDRESS **3360 CHATSWORTH LN**  
CITY-ST-ZIP **ORLANDO FL**  
TITLE ☐ DELETE  
NAME **V**  
NAME **TAYLOR, BOBBY**  
STREET ADDRESS **1271 LA QUINTA DR**  
CITY-ST-ZIP **ORLANDO FL**  
TITLE ☐ DELETE  
NAME **D**  
NAME **ROTH, ARTIE**  
STREET ADDRESS **14220 NE 18TH AVE**  
CITY-ST-ZIP **MIAMI FL**  
TITLE ☐ DELETE  
NAME **D**  
NAME **HAY, PAUL**  
STREET ADDRESS **2579 DOUGLAS AVE**  
CITY-ST-ZIP **PENSACOLA FL**  
TITLE ☐ DELETE  
NAME **D**  
NAME **YEGERLENER, TOM**  
STREET ADDRESS **PO BOX 3775 N/A**  
CITY-ST-ZIP **FT PIERCE FL**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ☐ Change ☐ Addition  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 617, 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

DATE

Digitized by: [illegible]

CR2E034 (3/96)