

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 # P93000075399 (4)

1. Corporation Name

KIGHT TRANSPORT, INC.

Principal Place of Business

Mailing Address

3777 PARKWAY BLVD.  
LAND O' LAKES FL 34639

3777 PARKWAY BLVD.  
LAND O' LAKES FL 34639

FILED

86 DEC -2 AM 9 15

SECRETARY OF STATE  
TALLAHASSEE

REINSTATEMENT

12/3/96

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21 23563 Bellaire Loop		2a 23563 Bellaire Loop		59-3206244		10/25/1993 08/21/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Applied For	
22		27		<input type="checkbox"/>		Not Applicable	
City & State		City & State		6. Election Campaign Financing		\$8.75 Additional Fee Required	
23 Land O' Lakes, FL.		28 Land O' Lakes, FL.		Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24 34639		25 Pasco		29 34639		30 Pasco <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KIGHT, SARAH L  
23563 BELLARE LOOP  
LAND O' LAKES FL 34639

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

Sarah L. Kight Sarah L. Kight

10-11-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIGHT, LARRY B	1.2 NAME	
STREET ADDRESS	23563 BELLARE LOOP	1.3 STREET ADDRESS	400002019464--9
CITY-ST-ZIP	LAND O' LAKES FL 34639	1.4 CITY-ST-ZIP	-12/04/96--01064--014
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	***\$75.00 <input type="checkbox"/> <del>***\$75.00</del>
NAME	KIGHT, SARAH L	2.2 NAME	
STREET ADDRESS	23563 BELLARE LOOP	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O' LAKES FL 34639	2.4 CITY-ST-ZIP	
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-ST-ZIP		3.4 CITY-ST-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-ST-ZIP		4.4 CITY-ST-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-ST-ZIP		5.4 CITY-ST-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-ST-ZIP		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: Sarah L. Kight Sarah L. Kight

10-11-96 813-996-2147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (3/96)