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Apr 10 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 # P94000078781 (9)

1. Corporation Name

NIGHT OWL SERVICES, INC.



Principal Place of Business

30619 FLATWOODS ROAD
LEESBURG FL 34748

Mailing Address

30619 FLATWOODS ROAD
LEESBURG FL 34748-4333

3. Date Incorporated or Qualified

10/24/1994

3a. Date of Last Report

06/25/1996

4. FEI Number

59-3281485

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

21 1603 Loves Pt. Dr.

Suite, Apt. #, etc.

22 City & State

23 Leesburg FL 34748

24 Zip

25 Country

26 USA

2a. Mailing Address

26 1603 Loves Pt. Dr.

Suite, Apt. #, etc.

27 City & State

28 Leesburg FL

29 Zip

30 Country

31 USA

9. Name and Address of Current Registered Agent

WELLING, JACK
30619 S. FLATWOODS ROAD
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name

82 Jack Welling

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

84 1603 Loves Point Dr

85 City

86 Leesburg

87 State

88 FL

89 Zip Code

90 34748

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 ☐ DELETE

NAME WELLING, JASON
STREET ADDRESS 30619 FLATWOODS ROAD
CITY- ST- ZIP LEESBURG FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

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

Jason Welling
1603 Loves Point Dr
Leesburg FL 34748

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97

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CR2E034 (9/96)