


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90015 034 \*\*\*\*61.25

|  |                            |  |  |   |  |
|--|----------------------------|--|--|---|--|
| DOCUMENT # N41211  |                            |  |  |  |  |
| 1. Entity Name<br>JAX TRANSIT MANAGEMENT CORP.   |                            |  |  |   |  |
| Principal Place of Business<br>100 N. MYRTLE AVE.<br>JACKSONVILLE, FL 32204-1310   |                            |  | Mailing Address<br>100 N. MYRTLE AVE.<br>JACKSONVILLE, FL 32204-1310 |   |  |
| 2. Principal Place of Business - No P.O. Box #   |                            |  | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.  |                            |  | Suite, Apt. #, etc.  |   |  |
| City & State   |                            |  | City & State   |   |  |
| Zip  |                            | Country  | Zip  |   | Country  |
| 6. Name and Address of Current Registered Agent  |                            |  |  | 7. Name and Address of New Registered Agent                                       |  |
| EDCOLAW, INC.<br>6 EAST BAY STREET<br>STE 500<br>JACKSONVILLE, FL 32202  |                            |  |  | Name  |  |
|  |                            |  |  | Street Address (P.O. Box Number is Not Acceptable)                                |  |
|  |                            |  |  | City  | FL   |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |                            |  |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |                            |  |  |   |  |
| Filing Fee is \$61.25 Due by May 1, 2008   |                            | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | \$5.00 May Be Added to Fees   |  |
| 10. OFFICERS AND DIRECTORS   |                            |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                |   |  |
| TITLE  | DP                         | <input checked="" type="checkbox"/> Delete                                       | TITLE  | DP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | JURY, THOMAS               |  | NAME   | Hall, Charlotte E.  |  |
| STREET ADDRESS   | 100 N. MYRTLE ST.          |  | STREET ADDRESS   | 100 N. Myrtle St.   |  |
| CITY-ST-ZIP  | JACKSONVILLE, FL           |  | CITY-ST-ZIP  | Jacksonville, FL  |  |
| TITLE  | V                          | <input checked="" type="checkbox"/> Delete                                       | TITLE  | S   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | JERRIS, CHARLES T          |  | NAME   | Flynn, Ervin  |  |
| STREET ADDRESS   | 100 N. MYRTLE ST.          |  | STREET ADDRESS   | 100 N. Myrtle St.   |  |
| CITY-ST-ZIP  | JACKSONVILLE, FL           |  | CITY-ST-ZIP  | Jacksonville, FL  |  |
| TITLE  | ST                         | <input type="checkbox"/> Delete  | TITLE  | T   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | JACOBS, GARY               |  | NAME   | Jacobs, Gary  |  |
| STREET ADDRESS   | 100 N. MYRTLE ST.          |  | STREET ADDRESS   | 100 N. Myrtle St.   |  |
| CITY-ST-ZIP  | JACKSONVILLE, FL           |  | CITY-ST-ZIP  | Jacksonville, FL  |  |
| TITLE  | D                          | <input type="checkbox"/> Delete  | TITLE  | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | BLAYLOCK, MICHAEL J        |  | NAME   | Gibbs, Jacquie  |  |
| STREET ADDRESS   | 100 N. MYRTLE AVE.         |  | STREET ADDRESS   | 100 N. Myrtle St.   |  |
| CITY-ST-ZIP  | JACKSONVILLE, FL 322041310 |  | CITY-ST-ZIP  | Jacksonville, FL  |  |
| TITLE  |                            | <input type="checkbox"/> Delete  | TITLE  | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   |                            |  | NAME   | Arrington, Steve  |  |
| STREET ADDRESS   |                            |  | STREET ADDRESS   | 100 N. Myrtle St.   |  |
| CITY-ST-ZIP  |                            |  | CITY-ST-ZIP  | Jacksonville, FL  |  |
| TITLE  |                            | <input type="checkbox"/> Delete  | TITLE  | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   |                            |  | NAME   | Reese, Chad   |  |
| STREET ADDRESS   |                            |  | STREET ADDRESS   | 100 N. Myrtle St.   |  |
| CITY-ST-ZIP  |                            |  | CITY-ST-ZIP  | Jacksonville, FL  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                            |  |  |   |  |
| SIGNATURE: _____   |                            |  |  | Date: 3/24/08   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                            |  |  | Daytime Phone #   |  |

ATTACHMENT  
40058691

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ANNUAL REPORT

JAX TRANSIT MANAGEMENT CORP.  
N41211

Additional Officers and Directors

D  
Smith, Margo  
100 N. Myrtle St.  
Jacksonville, FL

Addition