

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004934 (5)

1. Corporation Name

JACKSON COUNTY TRANSPORTATION, INC.

Principal Place of Business

**3988 OLD COTTONDALE ROAD
MARIANNA FL 32446**

Mailing Address

**P.O. BOX 1117
MARIANNA FL 32446**



2. Principal Place of Business

2a. Mailing Address

21 3988 Old Ctdle RD

25 P O Box 1117

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Marianna, FL

28 Marianna, FL

Zip

Country

Zip

Country

24 32448

25 U S A

29 32446

30 U S A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLIGHTON, ROY C
3988 OLD COTTONDALE ROAD
MARIANNA FL 32446**

81 Name

Roy C Blighton

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

3988 Old Ctdle Rd

83

84 City

Marianna

FL

85 Zip Code

32448

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02-02-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	AVERY, CAROLE	
STREET ADDRESS	1797 DESTINY LANE	
CITY-ST-ZIP	MARIANNA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MELVIN, HAROLD	
STREET ADDRESS	1797 DESTINY LANE	
CITY-ST-ZIP	MARIANNA FL	
TITLE	STM	<input checked="" type="checkbox"/> DELETE
NAME	BLIGHTON, ROY C	
STREET ADDRESS	5176 FORT RD.	
CITY-ST-ZIP	GREENWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DRINKWATER, FRED P	
STREET ADDRESS	1870 TOBE LANE	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAMBILL, SARAH	
STREET ADDRESS	5466 FORT ROAD	
CITY-ST-ZIP	GREENWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, VINSON	
STREET ADDRESS	2829 ORANGE ST.	
CITY-ST-ZIP	MARIANNA FL	

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Melvin, Harold	
1.3 STREET ADDRESS	5367 Rocky Creek Rd	
1.4 CITY-ST-ZIP	Marianna, FL 32448	
2.1 TITLE	SECRETARY - TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Spire, Willie	
2.3 STREET ADDRESS	4818 Ebony Court	
2.4 CITY-ST-ZIP	Marianna, FL 32446	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hartsfield, Idus	
3.3 STREET ADDRESS	3854 Hwy 71	
3.4 CITY-ST-ZIP	Marianna, FL 32446	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stanley, Merita	
4.3 STREET ADDRESS	5476 Fort RD	
4.4 CITY-ST-ZIP	Greenwood, FL 32443	
5.1 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gambill, Sarah	
5.3 STREET ADDRESS	P O Box 242	
5.4 CITY-ST-ZIP	Greenwood, FL 32443	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Skipper, James	
6.3 STREET ADDRESS	4610 Wintergreen Rd	
6.4 CITY-ST-ZIP	Greenwood, FL 32443	

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-02-96

Date

904-482-7433

Daytime Phone #

CR2E037 (12/95)