

FILE NOW: FILING FEE IS \$61.25

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Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004934 (5)**

1. Corporation Name

**JACKSON COUNTY TRANSPORTATION, INC.**



Principal Place of Business <b>3988 OLD COTTONDALE ROAD MARIANNA FL 32448 US</b>	Mailing Address <b>P.O. BOX 1117 MARIANNA FL 32448-1117</b>
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3. Date Incorporated or Qualified <b>10/07/1994</b>	3a. Date of Last Report <b>04/15/1996</b>
4. FEI Number <b>59-3264135</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
  
**BLIGHTON, ROY C  
3988 OLD COTTONDALE ROAD  
MARIANNA FL 32448**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City
85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>P MELVIN, HAROLD</b>
STREET ADDRESS	<b>5367 ROCKY CREEK RD.</b>
CITY-ST-ZIP	<b>MARIANNA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>ST SPIRES, WILLIE</b>
STREET ADDRESS	<b>4818 EBONY COURT</b>
CITY-ST-ZIP	<b>MARIANNA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D HARTSFIELD, IDUS</b>
STREET ADDRESS	<b>3854 HWY 71</b>
CITY-ST-ZIP	<b>MARIANNA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D STANLEY, MERITA</b>
STREET ADDRESS	<b>5478 FORT RD.</b>
CITY-ST-ZIP	<b>GREENWOOD FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>VP GAMBILL, SARAH</b>
STREET ADDRESS	<b>P.O. BOX 242</b>
CITY-ST-ZIP	<b>GREENWOOD FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D SKIPPER, JAMES</b>
STREET ADDRESS	<b>4610 WINTERGREEN RD.</b>
CITY-ST-ZIP	<b>GREENWOOD FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>P Billy Padgett</b>
1.3 STREET ADDRESS	<b>P.O. Box 1011 (2210 Martin Rd)</b>
1.4 CITY-ST-ZIP	<b>Marianna, FL 32447</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>VP James Skipper</b>
6.3 STREET ADDRESS	<b>4610 Wintergreen Road</b>
6.4 CITY-ST-ZIP	<b>Greenwood, FL 32443</b>

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Billy Padgett** **Billy Padgett** 04/03/97 (904)482-7433 204  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0010148

CR2E037 (9/96)