

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 32446</b>
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3. Date Incorporated or Qualified  
**10/07/1994**

4. FEI Number <b>59-3264135</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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City & State <b>23</b>	City & State <b>28</b>
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7. Is this nonprofit corporation a homeowners association?  
 Yes  No

Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

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  

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PADGETT, BILLY</b>	1.2 NAME	<b>Cox, Gary</b>
STREET ADDRESS	<b>P.O. BOX 1011 (2210 MARTIN RD)</b>	1.3 STREET ADDRESS	<b>3490 Caverns Road</b>
CITY-ST-ZIP	<b>MARIANNA FL</b>	1.4 CITY-ST-ZIP	<b>Marianna, FL 32446</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPIRES, WILLIE</b>	2.2 NAME	
STREET ADDRESS	<b>4818 EBONY COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARIANNA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARTSFIELD, IDUS</b>	3.2 NAME	
STREET ADDRESS	<b>3854 HWY 71</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARIANNE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STANLEY, MERITA</b>	4.2 NAME	
STREET ADDRESS	<b>5478 FORT RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREENWOOD FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAMBILL, SARAH</b>	5.2 NAME	
STREET ADDRESS	<b>P.O. BOX 242</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREENWOOD FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SKIPPER, JAMES</b>	6.2 NAME	
STREET ADDRESS	<b>4810 WINTERGREEN ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREENWOOD FL</b>	6.4 CITY-ST-ZIP	

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14. I 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* 04/22/98 (850)482-7433

CR2E037 (10/97)