FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N94000004934

1. Corporation Name

JACKSON COUNTY TRANSPORTATION, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

3988 OLD COTTONDALE ROAD MARIANNA FL 32448

2. Principal Place of Business

P.O. BOX 1117 MARIANNA FL 32446

FILED Mar 22, 1999 8:00 am § Secretary of State

03-22-1999 90002 015 ****70.00



3. Date Incorporated or Qualifed

21		26					10/07/1994			l
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				4. FEI Number	App	olied For	1
22		27	27				59-3264135	Not	Not Applicable	
City & Sta	State City & State						5. Certificate of Status Desired	\$8:75*A	dditional	-
23	28						5. Certificate of Status Desired	Fee Re	Fee Required	
Zip	Country	Zip	Zip Country				6. Election Campaign Financing \$5.00 May Be			
24	25 29 30						Trust Fund Contribution Added to F			
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
				81	Name		n Stanley, Jr.			1
BLIGHTON, ROY C					12 Street Address (P.O. Box Number is Not Acceptable)					
3988 OLD COTTONDALE ROAD					3988 Old Cottondale Road					
MARIANNA FL 32448					3		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
}	,				075		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 7 C	`ada	-
				84	City	Mar	ianna	FL 85 Zip C	48	}
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1	508, Florida Statutes,	the abov	e-named	corpor	ation submits this statement for the purpos	e of changing ite	registered	1
office or i	registered agent, or both, in the State	of Florida. S	Such change was auth	orized by Statute	the corp	oration	's board of directors. I hereby accept the a	ppointment as req	gistered	ł
(Un Hanyo	U.S.	Tohn C+	1 av	 Τ~-	ν.	requiring Dimester 02/15	/99		1
SIGNATURE	Signature, typed or printed name of registered ap		licable. (NOTE: Re	gistered Age	ent signature	required v	kecutive Director 02/15 when reinstating) DAT	E		١,
12.	OFFICERS A	ND DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS		RS IN 12] !
πιε	D		☑ DELETE	1.1 TITLE		P		☐ Change	X Addition	:
NAME	COX, GARY	•		1.2 NAME		Lir	nda Pforte			1
STREET ADDRESS	3490 CAVERNS ROAD			1.3 STREE	TADORESS	291	19 Pennsylvania Avenue			П
CITY-ST-ZIP	MARIANNA FL 32446			1.4 CITY-	37-ZIP		cianna, FL 32448	4		13
TITLE	ST		X DELETE	2.1 TITLE		v		☐ Change	★ Addition	F
NAME	SPIRES, WILLIE			2.2 NAME		The	omas Harvey			
STREET ADDRESS	TOTAL EBONING CONTENT			2.3 STREE	T ADDRESS		23 Hawk Street			l
CITY-ST-ZIP	MARIANNA FL			2.4 CITY-	ST-7IP		ianna, FL 32448			1
TITLE	D		₩ DELETE	3.1 TITLE	<u></u>	D		Change	Addition	1
NAME	HARTSFIELD, IDUS			3.2 NAME			lly Padgett			ì
i-stréet adoress	Anna 18461 84	سيستوسيج عنوريو عام			TADDRESS		10 Martin Road			 -
CITY-ST-ZIP	MARIANNE FL			3.4. CITY-			rianna, FL 32448			
TITLE	D		₩ DELETE	4,1 TITLE	÷1. 4.01	 		Change	X Addition	1
NAME	STANLEY, MERITA			4, 2 NAME		D Do	lois Bowers		_	
STREET ADDRESS			•		T ADDRESS		92 Malibu Road			
I	GREENWOOD FL			4.4 CITY-		1 22.	scom, FL 32423]
CITY-ST-ZIP	VP		₩ DELETE	5.1 TITLE	>1-4F	D		☐ Change	Addition	1
NAME	GAMBILL, SARAH			5.2 NAME		Dar	vid Johnson			
\	P.O. BOX 242				TADORESS		19 Highway 73			ſ
Į.	GREENWOOD FL			5.4 CITY-		1	rianna, FL 32446		;	
CITY-ST-ZIP	VP VP		₩ DELETE	6.1 TITLE		D	Zama, 11 32440	[] Change	Addition	1
TITLE	**		SA ACCETE	6.2 NAME		1	road Urint		IXI Addidon	
NAME	SKIPPER, JAMES			O,Z NAME		Lav	ward Hunt			1

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 supplied ental 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 empewered 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 or an attachment with an approximation of the receiver or trustee empewered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4610 WINTERGREEN ROAD

GREENWOOD FL

Aftinda Pforte

02/15/99

32446

2913 Wynn Street

Marianna, FL

850-482-3425

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Jackson County Transportation, Inc.

Board of Directors

Billy Padgett

لمكعوب يستندي

Director

Elected 1/21/97 Reelected 1/11/99

2210 Martin Road (PO Box 1011)

Marianna, 32448

Phone: 526-1278 (home); 526-1533 (work)

Delois Bowers

Director

Elected 6/24/98

5292 Malibu Road

Bascom, FL 32423

Reelected 1/11/99

Phone: 569-5346 (home); 482-9653 (work)

Thomas Harvey 2823 Hawk Street

Vice President (10/21/98) ---

=Elected 6/24/98-

Reelected 1/11/99

Marianna, FL 32448 Phone: 482-3001 (home)

David Johnson

Linda Pforte

Director

Elected 11/18/98

Reelected 1/11/99

2519 Highway 73 Marianna, FL 32446

Phone: 482-3066 (home)

President (10/21/98)

Elected 6/24/98

2919 Pennsylvania Avenue

Marianna, FL 32448

Reelected 1/11/99

Phone: 482-8839 (home); 482-3425 (work)

Director

Elected 1/11/99

Edward Hunt P.O. Box 232

Marianna, FL 32446

Phone: 482-4234 (home); 482-9505 (work)

J.J. McCrary

Director

Elected 1/11/99

4013 Old Cottondale Road

Marianna, FL 32448

Phone: 482-4077 (home)

Michael Wierman

Director _

Elected 1/11/99

P.O. Box 336

Marianna, FL 32447

Phone: 526-7632 (home)

Roger Williams

Director

Elected 1/11/99

4483 Lime Street

Marianna, FL 32446

Phone: 482-2158 (home); 482-2124 (fax); 526-4555 (work)