2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004934

Entity Name: JACKSON COUNTY TRANSPORTATION, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3988 OLD COTTONDALE ROAD MARIANNA, FL 32448 **Current Mailing Address: New Mailing Address:** P.O. BOX 1117 MARIANNA, FL 32446 FEI Number: 59-3264135 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STANLEY, JOHN JR PEELER, SHARON 3988 OLD COTTONDALE ROAD 3988 OLD COTTONDALE ROAD MARIANNA, FL 32448 MARIANNA, FL 32448 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. SIGNATURE: SHARON PEELER 04/30/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition LONG, WILLIAM LONG, WILLIAM Name: Name: 4250 HOSPITAL DRIVE Address: 3774 OLD U.S. ROAD Address: MARIANNA, FL 32447 City-St-Zip: City-St-Zip: MARIANNA, FL 32446 Title: () Delete Title: () Change () Addition Name: PFORTE, LINDA Name: Address: 2919 PENNSYLVANIA AVENUE Address: City-St-Zip: MARIANNA, FL 32448 City-St-Zip: Title: () Delete Title: () Change () Addition STEVENS, BILL Name: Name: Address: 2525 SPRING CREEK ROAD Address: City-St-Zip: MARIANNA, FL 32448 City-St-Zip: Title: () Delete Title: () Change () Addition PADGETT, BILLY Name: Name: 2210 MARTIN ROAD Address: Address: City-St-Zip: MARIANNA, FL 32448 City-St-Zip: Title: () Delete Title: () Change () Addition BOWERS, DELOIS Name: Name: 5571 BOOMERANG ROAD Address: Address: City-St-Zip: BASCOM, FL 32423 City-St-Zip: Title: () Delete Title: () Change () Addition HUNT, EDWARD Name: Name: Address: 2913 WYNN ST Address: MARIANNA, FL 32446 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA PFORTE P 04/30/2004

J.J. MCCRARY DIRECTOR 4013 OLD COTTONDALE ROAD MARIANNA, FL 32448

DAVID JOHNSON DIRECTOR 2519 HIGHWAY 73 MARIANNA, FL 32448

DAVID MELVIN DIRECTOR 4428 LAFAYETTE STREET MARIANNA, FL 32446

DAVID JOHNSON DIRECTOR 2519 HIGHWAY 73

DAVID MELVIN DIRECTOR 4428 LAFAYETTE STREET MARIANNA, FL 32446