

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004934

**Entity Name:** JACKSON COUNTY TRANSPORTATION, INC.**Current Principal Place of Business:**3988 OLD COTTONDALE ROAD  
MARIANNA, FL 32448**Current Mailing Address:**P.O. BOX 1117  
MARIANNA, FL 32446**FEI Number:** 59-3264135**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PEELER, SHARON  
3988 OLD COTTONDALE ROAD  
MARIANNA, FL 32448 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	PFORTE, LINDA
Address	2919 PENNSYLVANIA AVENUE
City-State-Zip:	MARIANNA FL 32448

Title	D
Name	LONG, WILLIAM
Address	3786 OLD US ROAD
City-State-Zip:	MARIANNA FL 32446

Title	ST
Name	STEVENS, BILL
Address	2525 SPRING CREEK ROAD
City-State-Zip:	MARIANNA FL 32448

Title	D
Name	PADGETT, BILLY
Address	2210 MARTIN ROAD
City-State-Zip:	MARIANNA FL 32448

Title	D
Name	BOWERS, DELOIS
Address	5571 BOOMERANG ROAD
City-State-Zip:	BASCOM FL 32423

Title	VP
Name	HAMILTON, JOHN
Address	3693 HIGHWAY 69
City-State-Zip:	GREENWOOD FL 32443

Title	DIRECTOR
Name	JOHNSON, DAVID
Address	2808 APPALACHEE TRAIL
City-State-Zip:	MARIANNA FL 32446

Title	DIRECTOR
Name	MELVIN, DAVID
Address	4428 LAFAYETTE STREET
City-State-Zip:	MARIANNA FL 32446

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** LINDA PFORTE**PRESIDENT****04/07/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	DEAN, JIM
Address	2898 GREEN STREET
City-State-Zip:	MARIANNA FL 32446