

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR -1, AM 10: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **854078** (3)

1. Corporation Name  
**JKH MOBILITY SERVICES, INC.**

Principal Place of Business Mailing Address  
**10375 RICHMOND AVENUE, SUITE 1320** **PO BOX 33068**  
**HOUSTON TX 77042-1152** **RALEIGH NC 27638**  
**US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/16/1982** 3a. Date of Last Report **04/18/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		74-2053946		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VENTER, MICHAEL S.**  
**3450 EAST LAKE ROAD**  
**STE 208**  
**PALM HARBOR FL 34685**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWELL, JOHN K</b>	1.2 NAME	
STREET ADDRESS	<b>10375 RICHMOND AVE #1320</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOUSTON, TX-08000-</b>	1.4 CITY - ST - ZIP	<b>Houston, TX 77042</b>
TITLE	<b>VPD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOTT, JAMES SAMUEL</b>	2.2 NAME	
STREET ADDRESS	<b>10375 RICHMOND AVE #1320</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOUSTON, TX-08000-</b>	2.4 CITY - ST - ZIP	<b>Houston, TX 77042</b>
TITLE	<b>PD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, JAMES W.</b>	3.2 NAME	
STREET ADDRESS	<b>10375 RICHMOND AVE #1320</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOUSTON TX</b>	3.4 CITY - ST - ZIP	<b>Houston, TX 77042</b>
TITLE	<b>VPAS</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARHAM, BARTON J</b>	4.2 NAME	
STREET ADDRESS	<b>3001 WESTON PKWY</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CARY NC</b>	4.4 CITY - ST - ZIP	<b>Cary, NC 27513</b>
TITLE	<b>AS</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLMSTED, VARNER T</b>	5.2 NAME	
STREET ADDRESS	<b>3001 WESTON PKWY</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CARY NC</b>	5.4 CITY - ST - ZIP	<b>Cary, NC 27513</b>
TITLE	<b>ST</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, MARK S</b>	6.2 NAME	
STREET ADDRESS	<b>3001 WESTON PKWY</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CARY NC</b>	6.4 CITY - ST - ZIP	<b>Cary, NC 27513</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Mark S. Wilson*

**Mark S. Wilson, Secy/Treas**

**3/23/95**

**(919)677-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number