

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	FL 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 title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

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

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