

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **854078** (3)

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



Principal Place of Business: **10375 RICHMOND AVENUE, SUITE 1320 HOUSTON TX 77042-1152**  
Mailing Address: **PO BOX 33068 RALEIGH NC 27636 US**

3. Date Incorporated or Qualified: **09/16/1982** 3a. Date of Last Report: **04/04/1995**  
4. FFI Number: **74-2053946** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**VENTER, MICHAEL S.  
3450 EAST LAKE ROAD  
STE 206  
PALM HARBOR FL 34685**

10. Name and Address of New Registered Agent

81 Name: **John R. Conrad**  
82 Street Address (P.O. Box Number is Not Acceptable): **4431 Embarcadero Drive**  
83 City: **West Palm Beach** FL 85 Zip Code: **33407**

11. Pursuant to the provisions of Sections 607.0102 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent, I am familiar with and accept the obligations of Section 607.0105, Florida Statutes.

SIGNATURE: *[Signature]* **John R. Conrad**

*3/15/1996*

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HOWELL, JOHN K	
STREET ADDRESS	10375 RICHMOND AVE #1320	
CITY-STATE-ZIP	HOUSTON, TX 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LOTT, JAMES SAMUEL	
STREET ADDRESS	10375 RICHMOND AVE #1320	
CITY-STATE-ZIP	HOUSTON, TX 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GREEN, JAMES W.	
STREET ADDRESS	10375 RICHMOND AVE #1320	
CITY-STATE-ZIP	HOUSTON TX	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	BARHAM, BARTON J	
STREET ADDRESS	3001 WESTON PKWY	
CITY-STATE-ZIP	CARY NC	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	OLMSTED, VARNER T	
STREET ADDRESS	3001 WESTON PKWY	
CITY-STATE-ZIP	CARY NC	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WILSON, MARK S	
STREET ADDRESS	3001 WESTON PKWY	
CITY-STATE-ZIP	CARY NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Chairman & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	C. E. Vick, Jr.	
13 STREET ADDRESS	3001 Weston Parkway	
14 CITY-STATE-ZIP	Cary, NC 27513	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME		
32 STREET ADDRESS		
34 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is true and correct and does not qualify for the exemption stated in Section 119.07(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 or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an affidavit with an address.

SIGNATURE: *[Signature]* **Mark S. Wilson, Secy/Treas** 3/21/96 919-677-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)