

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F25821** (2)

1. Corporation Name

**JONES TRANSPORTATION, INC.**

Principal Place of Business

Mailing Address

**3020-1 LEON RD.  
JACKSONVILLE FL 32246  
US**

**3020-1 LEON RD.  
JACKSONVILLE FL 32246  
US**



3. Date Incorporated or Qualified  
**03/18/1981**

3a. Date of Last Report  
**02/07/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JONES, BETTY J  
14423 BUCCANNER CIRCLE N  
JACKSONVILLE FL 32225**

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 the filer, as applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                       |                                 |
|-----------------|-----------------------|---------------------------------|
| TITLE           | DP                    | <input type="checkbox"/> DELETE |
| NAME            | JONES, BETTY J        |                                 |
| STREET ADDRESS  | 14423 BUCCANEER CIR N |                                 |
| CITY - ST - ZIP | JACKSONVILLE FL       |                                 |
| TITLE           | S                     | <input type="checkbox"/> DELETE |
| NAME            | JONES, JAMES A JR     |                                 |
| STREET ADDRESS  | 14423 BUCCANEER CIR N |                                 |
| CITY - ST - ZIP | JACKSONVILLE FL       |                                 |
| TITLE           | D                     | <input type="checkbox"/> DELETE |
| NAME            | JONES, JAMES A III    |                                 |
| STREET ADDRESS  | 4126 LEEWARD PT       |                                 |
| CITY - ST - ZIP | JACKSONVILLE FL       |                                 |
| TITLE           | D                     | <input type="checkbox"/> DELETE |
| NAME            | JONES, TERRY L        |                                 |
| STREET ADDRESS  | 530 BAYRIDGE ROAD     |                                 |
| CITY - ST - ZIP | JACKSONVILLE FL       |                                 |
| TITLE           |                       | <input type="checkbox"/> DELETE |
| NAME            |                       |                                 |
| STREET ADDRESS  |                       |                                 |
| CITY - ST - ZIP |                       |                                 |
| TITLE           |                       | <input type="checkbox"/> DELETE |
| NAME            |                       |                                 |
| STREET ADDRESS  |                       |                                 |
| CITY - ST - ZIP |                       |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

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 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Betty Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/06/96* *904-642-3117*  
Date Daytime Phone #

CR2E034 (12/95)