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Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
3020-1 LEON RD.
JACKSONVILLE FL 32246
US

Mailing Address
3020-1 LEON RD.
JACKSONVILLE FL 32246-3667
US



3. Date Incorporated or Qualified 03/18/1981
3a. Date of Last Report 02/12/1996

2. Principal Place of Business
21 3020 Leon Rd.
Suite, Apt. #, etc.
22 Jay Fla.
City & State
23
Zip 32246 Country
24 25
2a. Mailing Address
26 3020 Leon Rd.
Suite, Apt. #, etc.
27 Jay Fla.
City & State
28 29 32246 Country
30 29 30

4. FEI Number 59-2075388
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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent
JONES, BETTY J
14423 BUCCANNER CIRCLE N
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent
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 not applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE DP
NAME JONES, BETTY J
STREET ADDRESS 14423 BUCCANEER CIR N
CITY-ST-ZIP JACKSONVILLE FL
TITLE S
NAME JONES, JAMES A JR
STREET ADDRESS 14423 BUCCANEER CIR N
CITY-ST-ZIP JACKSONVILLE FL
TITLE D
NAME JONES, JAMES A III
STREET ADDRESS 4126 LEEWARD PT
CITY-ST-ZIP JACKSONVILLE FL
TITLE D
NAME JONES, TERRY L
STREET ADDRESS 530 BAYRIDGE ROAD
CITY-ST-ZIP JACKSONVILLE FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty J. Jones Betty J. Jones 1/03/97 904-6425117

CR2E034 (9/96)