2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N01000001515

Entity Name: JACKSONVILLE MARINE TRANSPORTATION EXCHANGE, INC.

Current Principal Place of Business:

3117 TALLEYRAND AVE
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 350162
JACKSONVILLE, FL 322350162

New Mailing Address:

FEI Number: 59-3705390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, DONALD S
3117 TALLEYRAND AVE
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete
Name: CRAIGHEAD, THOMAS
Address: 9051 DAMES POINT RD.
City-St-Zip: JACKSONVILLE, FL 32226

Title: DIR ( ) Delete
Name: ROBAS, VICTORIA
Address: 9620 DAVE RAWLS BLVD
City-St-Zip: JACKSONVILLE, FL 32226

Title: DIR ( ) Delete
Name: RING, MICHAEL L
Address: 4358 APOLLO AVE.
City-St-Zip: JACKSONVILLE, FL 32226

Title: DIR ( ) Delete
Name: LEWIS, DONALD S EXECDIR
Address: 3117 TALLEYRAND AVE
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD S. LEWIS DIR 03/23/2009

Electronic Signature of Signing Officer or Director — Date