FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

DOCUMENT # **N94000004635 (8)**

1. Corporation Name

JACKSONVILLE SOUTHPOINT-DEERWOOD AREAS TRANSPORTATION MANAGEMENT ORGANIZATION, INC.

Principal Place of Business	Mailing Address
~~6620 SOUTHPOINT DR S~~ ~~SUITE 120~~ JACKSONVILLE FL 32216	~~6620 SOUTHPOINT DR S~~ ~~SUITE 420~~ JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1994
3a. Date of Last Report:
4. FEI Number: 59-3270630 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 4063 SALISBURY ROAD	26 4063 SALISBURY ROAD
Suite, Apt. #, etc. 22 SUITE 203	Suite, Apt. #, etc. 27 SUITE 203
City & State 23 Jacksonville FL	City & State 28 Jacksonville FL
Zip / County 24 32216 / 25	Zip / Country 29 32216 / 30

9. Name and Address of Current Registered Agent

KOUTNIK, WARD
6620 SOUTHPOINT DR S
SUITE 120
JACKSONVILLE FL 32216

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☒ Change ☐ Addition
NAME	KOUTNIK, WARD	12 NAME	DELETE
STREET ADDRESS	6620 SOUTHPOINT DR S SUITE 120TD	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	COVERDALE, JAMES	22 NAME	
STREET ADDRESS	4800 DEERLAKE DR S	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	TYRELL, JIM	32 NAME	
STREET ADDRESS	7500 CENTURION PKWY	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32256	34 CITY ST ZIP	
TITLE	D	41 TITLE	CD ☒ Change ☐ Addition
NAME	ALMAND, AMOS	42 NAME	AMOS ALMAND
STREET ADDRESS	4237 SALISBURY RD	43 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32216	44 CITY ST ZIP	
TITLE	~~SD~~	51 TITLE	☐ Change ☐ Addition
NAME	FREEMAN, TOM	52 NAME	DELETE
STREET ADDRESS	8787 ~~BAYPINE~~ RD	53 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32256	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	FELDER, LENNY	62 NAME	
STREET ADDRESS	P.O. BOX 1798 N/A	63 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32231	64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Amos F. Almand, III 4/17/95 904 296-4949
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001620