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**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 27 AM 10:00

DOCUMENT # N94000004934 (5)

1. Corporation Name

JACKSON COUNTY TRANSPORTATION, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**3988 OLD COTTONDALE ROAD
 MARIANNA FL 32446**

Mailing Address
**P.O. BOX 1117
 MARIANNA FL 32446**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/07/1994

3a. Date of Last Report

4. FEI Number
59-3264135

Applied For
 Not Applicable

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLIGHTON, ROY C
 3988 OLD COTTONDALE ROAD
 MARIANNA FL 32446**

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

**D
 BLIGHTON, ROY C
 P.O. BOX 399
 GREENWOOD FL 32443**

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

**D
 AVERY, CAROL
 1797 DESTINY LANE
 MARIANNA FL 32448**

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

**D
 MELVIN, HAROLD
 1797 DESTINY LANE
 MARIANNA FL 32448**

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY - ST - ZIP

**P7D
 Avery, Carole
 1797 Destiny Lane
 Marianna, Fl. 32448**

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY - ST - ZIP

**V/D
 Melvin, Harold
 1797 Destiny Lane
 Marianna, Fl. 32448**

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY - ST - ZIP

**S/T/M
 Roy C. Blighton
 5175 Fort Rd.
 Greenwood, Fl. 32443**

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP

**D
 Drinkwater, Fred P.
 1870 Tobe Lane
 Marianna, Fl. 32448**

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP

**D
 Gambill, Sarah
 5466 Fort Road
 Greenwood, Fl. 32443**

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY - ST - ZIP

**D
 White, Vinson
 2829 Orange St.
 Marianna, Fl. 32448**

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Roy C. Blighton

Roy C. Blighton 04-24-95 (904) 482-7433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Typed)