## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N9700002298

PROFESSIONAL TRANSIT ASSOCIATION, INC.

Princi	pal Place of Busines	8
5355	WASHINGTON DRIVE	Ē
JACK	SONVILLE FL 32209	

2. Principal Place of Business

Mailing Address

2a. Mailing Address

5355 WASHINGTON DRIVE JACKSONVILLE FL 32209

## FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90002 049 \*\*\*\*61.25

4 341773 - 90002 - 49



3. Date incorporated or Qualifed

Suite, Apt. #, etc.    20	21		26			04/23/1997			
City & State    City & State   20   20   20   20   20   20   20   2		ŧ, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				Applied For	
City State    Country   Zip   Zip	22		27			59-3520941		lot Applicable	
28			City & State	City & State		5 Cortificate of Status Desired			
3. Name and Address of Current Registrand Agent  9. Name and Address of Current Registrand Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Street Address (P.O. Box Number is Not Acceptable)  13. AUCKSONVILLE FL 32209  14. City  15. Pursuant to the provisions of Sociation 817,0592 and 817,1598. Florids Statutes, the above-named corporation submits this statement for the purpose of changing lis registered adject of the order of the purpose of changing lis registered agent. I am familiar with, and accept the obligations of, Section 817,0593, Phorids Statutes,  15. Pursuant to the provisions of Sociation 817,0592 and 817,0593, Phorids Statutes, the above-named corporation submits this statement for the purpose of changing lis registered agent. I am familiar with, and accept the obligations of, Section 817,0593, Phorids Statutes,  16. SIGNATURE  17. Equation, type of priced dams of registered spent and list if registates. (NOTE Registered Agent signature registered disparties registered disparties registered memorities by)  17. Equation to the provisions of section 817,0593, Phorids Statutes,  18. SIGNATURE  18. SIGNATURE  19. City FL 85 Zip Code  19. C	ههر عند ندر و		28			5. Certificate of Status Desired	Fee,F	Required	
9. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the obligations of Sections of	Zip	Country	Zip	Zip Country		6. Election Campaign Financing	¬ \$5.00	) May Be	
9. Name and Address of Current Registered Agent    10. Name and Address of New Registered Agent	24	25	29 30	ol		Trust Fund Contribution	Added	to Fees	
HUNTER, AARON S 4153 MATANGA DR NORTH JACKSONVILLE FL 32209  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation's submitts this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the displant and accept the obligations of, Section 817,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am femiliar with, and accept the obligations of, Section 817,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am femiliar with, and accept the obligations of, Section 817,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am femiliar with, and accept the obligations of Sections 812,0503 floridations of the corporation's board of directors. I hereby accept the appointment as registered agent. I hereby accept the appointment as registered agent. I am femiliar with, and accept the obligations of Sections 812,0503 floridations. I hereby accept the appointment as registered agent. I am femiliar with, and accept the obligation of Sections 812,0503 floridations. I hereby accept the appointment as registered accepts and the corporation's board of directors. I hereby accept the appointment as registered agent. I am femiliar with, and accept the obligation of Sections 812,0503 floridations. I hereby accept the appointment as registered agent. I am femiliar with, and accept the original accepts and accept the original accepts and accept and accepts and ac			Registered Agent			10. Name and Address of New Regi	stered Agent		
### ACKSONVILE FL 32209  ### City				81	Name			1	
### ACKSONVILE FL 32209  ### City	HIINTER	AARON S		82	Street Addres	es (P.O. Box Number is Not Accentable	<u> </u>		
JACKSONVILLE FL 32209    84   City					Street Address (F.O. Box Hamber is Not Accoputate)				
Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 were authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the originations of, Section 617.0503, Princida Statutes.    SIGNATURE				83					
11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered sign. or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby except the appointment as registered office or registered with, and accept the obligations of, Section 617 0503, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TIME  RILEY, JAMES  SIREET ADDRESS  SIREET ADDRESS  SIREET ADDRESS  SOS DALLEN LEA DR  JACKSONVILLE FL 32208  1.40TV-57-2P  JACKSONVILLE FL 32208  1.40TV-57-2P  JACKSONVILLE FL 32208  1.40TV-57-2P  JACKSONVILLE FL 32209  TIME  V  DAVIS, WALLACE  SIREET ADDRESS	JACK20NAITTE LF 2550A						0-1-7:-		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 changing was suthorized by the corporation's board of directors. I thereby accept the appointment as registered agent, tam familiar with, and accept the obligations of Sections 917.950.3, Florida Statutes, the appointment as registered agent are ditted in a proper of the corporation's board of directors. I thereby accept the appointment as registered agent are ditted in a proper of printed name of registered agent are ditted if applicable.    International Content of the purpose of changing its registered agent as attractived to the corporation's board of directors. I thereby accept the appointment as registered agent and title if applicable.    International Content of the purpose of changing its registered agent as attractived by the corporation's board of directors. I thereby accept the appointment as registered agent as attractived by the corporation's board of directors. I thereby accept the appointment as registered agent as attractived by the corporation's board of directors. I thereby accept the appointment as registered agent as attractived by the corporation's board of directors. I thereby accept the appointment as registered aftered by the corporation's board of directors. I thereby accept the appointment as registered aftered as attractive of the corporation's board of directors. I thereby accept the appointment as registered as attractived by the corporation's board of directors. I thereby accept the appointment as registered as attractive of the corporation's board of directors. I thereby accept the appointment as registered as attractive of the appointment as registered as attractive of the appointment as registered and addition.    International accept the object of the proper of the appointment and addition of the proper of the appointment as registered				84	City		FL 85 Z	Code	
office or registered agent, or both, in the State of Florida, Such change was authorized by the Corporation's board of United Statutes agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signative, typed or printed name of registered agent and title if explicable. (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS 11.2  TILE  RILEY, JAMES  STREET ADDRESS  STREET	44 Dimensions	the assisions of Sections 617 0502	and 617 1508 Florida Statutes	the above	-named cornor	ration submits this statement for the pur	pose of changing i	ts registered	
agent, tem familiar with, and accept the obligations of, Section 617 (3903, Florida Statutes.)  SIGNATURE    Committed in the provision of the provision of the properties of the provision of the properties of the provision of t	office or re	agistered agent, or both, in the State of	Florida. Such change was autr	iorizea by i	he corporation	i's board of directors. I hereby accept th	e appointment as	registered	
Signature, yoped or printed name of registered spent and the of applications. (NOTE Registered Register appears in registered Register appears in registers (NOTE Registered Register appears in registers). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  TITLE	agent. I ar	n familiar with, and accept the obligatio	ns of, Section 617.0503, Florid	a Statutes.					
TITLE  TOPPICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  TRILEY, JAMES  STREET ADDRESS  JACKSONVILLE FL 32208  TITLE  TOPPICERS AND DIRECTORS IN 12	SIGNATURE						DATE		
Time					signature required y			ORS IN 12	
RILEY, JAMES   STREET ADDRESS   SODS DALLEN LEA DR   1.3 STREET ADDRESS   JACKSONVILLE FL 32208   1.4 CITYST-2IP   JACKSONVILLE FL 32208   1.4 CITYST-2IP   JACKSONVILLE FL 32208   JACITYST-2IP   JACKSONVILLE FL 32206   JACKSONVILLE FL 32206   JACKSONVILLE FL 32206   JACKSONVILLE FL 32206   JACKSONVILLE FL 32208   JACKSONVILLE FL 32208   JACKSONVILLE FL 32209   JACKSONVILLE FL 32208   JACKSONVILLE FL 32209   JACKSONVILLE FL 322	T	OFFICERS AND				ADDITIONO MANGES TO OTTIO			
STREET ADDRESS  JACKSONVILLE FL 32208  ITTLE  TO  GADD, CHARLES  STREET ADDRESS  STREET ADDRES	1	DUEV IAMES						_	
ACKSONVILLE FL 32208		•							
TITLE	STREET ADDRESS				1				
GADD, CHARLES 3840 SPRINGFILED BLVD JACKSONVILLE FL 32206  CITY-ST-ZIP JACKSONVILLE FL 32206  TITLE  DAVIS, WALLACE 3.1 TITLE  DAVIS, WALLACE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  TITLE  S DAVIS, WALLACE 3.3 STREET ADDRESS DITY-ST-ZIP  JACKSONVILLE FL 32209  3.4 CITY-ST-ZIP  TITLE  S DAVIS, WALLACE 3.3 STREET ADDRESS DITY-ST-ZIP  TITLE  S DAVIS, WALLACE 3.3 STREET ADDRESS DITY-ST-ZIP  TITLE  S DAVIS, WALLACE 3.3 STREET ADDRESS DITY-ST-ZIP  JACKSONVILLE FL 32208  4.2 NAME 4.2 NAME 4.3 STREET ADDRESS DITY-ST-ZIP  JACKSONVILLE FL 32208  4.4 CITY-ST-ZIP  TITLE  P NAME HUNTER, AARON SR STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32209  5.4 CITY-ST-ZIP  JACKSONVILLE FL 32209  5.5 STREET ADDRESS CITY-ST-ZIP  JACKSONVILLE FL 32209  5.6 CITY-ST-ZIP  JACKSONVILLE FL 32209  TITLE  GRANT, SAMUEL 311 ASLEY ST #908  JACKSONVILLE FL J	CITY-ST-ZIP	JACKSONVILLE FL 32208			-2IP		F1 Change	Addition	
STREET ADDRESS   3840 SPRINGFILED BLVD   23 STREET ADDRESS   2.4 CITY-ST-ZIP	TITLE	T	☐ DETE1F				Clark	, DAGGOOT	
CITY-ST-ZIP	NAME			2.2 NAME	Į.				
TITLE V DAVIS, WALLACE  NAME DAVIS, WALLACE  STREET ADDRESS  2486 W. 23RD ST  CITY-ST-ZIP  JACKSONVILLE FL 32209  34. CITY-ST-ZIP  TITLE  S DELETE  4.1 TITLE  SOMME  JOYNER, BARBARA  4. 2 NAME  STREET ADDRESS  STREET ADDRESS  JACKSONVILLE FL 32208  44. CITY-ST-ZIP  TITLE  P DELETE  5.1 TITLE  CITHE  CITHE  CITY-ST-ZIP  STREET ADDRESS  STREET ADDRESS  45. CITY-ST-ZIP  Addition  CITY-ST-ZIP  TITLE  T DELETE  6.1 TITLE  GRANT, SAMUEL  STREET ADDRESS  3.1 TITLE  GRANT, SAMUEL  STREET ADDRESS  3.1 ASLEY ST #908  6.3 STREET ADDRESS  STREET ADDRESS  3.1 TITLE  GRANT, SAMUEL  STREET ADDRESS  3.1 TITLE  GRANT, SAMUEL  STREET ADDRESS  3.1 ASLEY ST #908  6.3 STREET ADDRESS  GITY-ST-ZIP  JACKSONVILLE FL  JACKSONVILLE FL  GACTITY-ST-ZIP  JACKSONVILLE FL  JACKSONVILLE FL  STREET ADDRESS  STREET ADDRESS  JACKSONVILLE FL  GACTITY-ST-ZIP  JACKSONVILLE FL  GACTITY	STREET ADDRESS	3840 SPRINGFILED BLVD		2.3 STREET	ADDRESS			}	
DAVIS, WALLACE   32 NAME   33 STREET ADDRESS   2486 W. 23RD ST   33 STREET ADDRESS   34. CITY-ST-ZIP   34. CITY-ST-ZIP   Change   Addition	CITY-ST-ZIP	JACKSONVILLE FL 32206		2. 4 CITY-S	-ZIP				
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CITY-ST-ZIP  JACKSONVILLE FL 32209  33. CITY-ST-ZIP  TITLE  S DELETE 4.1 TITLE 4.2 NAME JOYNER, BARBARA 4.2 NAME STREET ADDRESS GITY-ST-ZIP  TITLE P DELETE 5.1 TITLE P NAME HUNTER, AARON SR STREET ADDRESS 44 CITY-ST-ZIP  TITLE FL 32209  TITLE T NAME GRANT, SAMUEL STREET ADDRESS 311 ASLEY ST #908 GS ASTREET ADDRESS GTY-ST-ZIP JACKSONVILLE FL GRANT, SAMUEL GRANT, SAMUEL STREET ADDRESS 311 ASLEY ST #908 GS ASTREET ADDRESS GA CITY-ST-ZIP JACKSONVILLE FL GA CITY-ST-ZIP GA	STREET ADDRESS	2486 W.23RD ST		3.3 STREET	ADDRESS			<del></del>  *	
TITLE S DELETE 4.1 TITLE Change Addition  NAME JOYNER, BARBARA 4.2 NAME  STREET ADDRESS 9673 SIBBALD RD 4.3 STREET ADDRESS  CITY-ST-ZIP JACKSONVILLE FL 32208 44 CITY-ST-ZIP  TITLE P DELETE 5.1 TITLE 5.2 NAME  HUNTER, AARON SR 5.2 NAME  STREET ADDRESS 4153 KATANGA DR NORTH 5.3 STREET ADDRESS  CITY-ST-ZIP JACKSONVILLE FL 32209 5.4 CITY-ST-ZIP  TITLE T DEDELETE 6.1 TITLE CHANGE Addition  RAME GRANT, SAMUEL 6.2 NAME  STREET ADDRESS 311 ASLEY ST \$908 6.3 STREET ADDRESS  CITY-ST-ZIP JACKSONVILLE FL 6.4 CITY-ST-ZIP  JACKSONVILLE FL 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP  JACKSONVILLE FL 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP  JACKSONVILLE FL 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		JACKSONVILLE FL 32209		3.4. CITY-S	r-ZIP				
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STREET ADDRESS		'	_					ļ	
STREET ADDRESS  JACKSONVILLE FL 32209  TITLE  T  PAME  GRANT, SAMUEL  STREET ADDRESS  311 ASLEY ST #908  GACKSONVILLE FL  6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  GITV. ST. ZIP  JACKSONVILLE FL  6.4 CITY- ST. ZIP		•		5.3 STREET	ADDRESS			}	
TITLE T Change Addition  NAME GRANT, SAMUEL  STREET ADDRESS 311 ASLEY ST #908  CITY. ST. 7IP JACKSONVILLE FL  6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY- ST. 7IP									
NAME GRANT, SAMUEL  STREET ADDRESS  311 ASLEY ST #908  GITV. ST. ZIP  JACKSONVILLE FL  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY- ST. ZIP		T	I THELETE				Change	a Addition	
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CITY-ST-ZIP JACKSONVILLE FL 6.4 CITY-ST-ZIP					ADDRESS				
CITY-ST-ZIP JACKSUNVILLE FL 64-CITY-ST-ZIP	STREET ADDRESS								
	CITY-ST-ZIP	JACKSONVILLE FL	ALT - EU			action 110 07/2\(ii) Florida Statutos   fu	ther certify that the	e 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 only; 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, with all other like empowered.