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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002298

1. Corporation Name

PROFESSIONAL TRANSIT ASSOCIATION, INC.

Principal Place of Business

5355 WASHINGTON DRIVE
JACKSONVILLE FL 32209

Mailing Address

5355 WASHINGTON DRIVE
JACKSONVILLE FL 32209

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

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2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

04/23/1997

4. FEI Number

59-3520941

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

9. Name and Address of Current Registered Agent

HUNTER, AARON S
4153 KATANGA DR NORTH
JACKSONVILLE FL 32209

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 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 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME RILEY, JAMES
STREET ADDRESS 5005 DALLEN LEA DR
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ DELETE

NAME GADD, CHARLES
STREET ADDRESS 3840 SPRINGFILED BLVD
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE ☐ DELETE

NAME DAVIS, WALLACE
STREET ADDRESS 2486 W. 23RD ST
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☐ DELETE

NAME JOYNER, BARBARA
STREET ADDRESS 9673 SIBBALD RD
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ DELETE

NAME HUNTER, AARON SR
STREET ADDRESS 4153 KATANGA DR NORTH
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☒ DELETE

NAME GRANT, SAMUEL
STREET ADDRESS 311 ASLEY ST #908
CITY-ST-ZIP JACKSONVILLE FL

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 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 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.

SIGNATURE: AARON HUNTER, SR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-99

904-768-0143

CR2E037 (1/1/98)