## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000015305 (3)

JONES BUS SERVICE INC.

Principal Place of Business Mailing Address

530 BAYRIDGE ROAD 530 BAYRIDGE ROAD

## FILED Jan 21 1997 8:00am Secretary of State



JACKSONVILLE FL 32216		JACKSONVILLE FL 32216-8901							
						3. Date Incorporated or Qualified 02/21/1994	3a. Date 02/0	of Last R 9/1996	eport
	Piace of Business	2a. Mailing A	2a. Mailing Address			4. FEI Number		Ar	plied For
21		26				59-3230657			t Applicable
Suite, Apt. #, etc.		27				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	te	City & Sta	ate			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	
Zip TTD	Country	Zip		Country	r	8. This corporation has liability for			. 199.032,
24	25 9. Name and Address of C	29	31	0		Florida Statutes  10. Name and Address of New Re	Yes	No	
	NES, TERRY	uireili negisteteu Age	!!!	81	Name	TO. Name and Address of New Me	igistered Ag	ant	***************************************
	O BAYRIDGE ROAD			•"					
	CKSONVILLE FL 32218			82	Street	Address (P.O. Box Number is Not Acceptate	ole)		
<b></b>	IONOONYILLE I E UZETU			83					
				63					
				84	City			<b>85</b> Zip (	Code
44 0	TOTAL CONTROL OF THE POST OF THE POST	9 # 100 CO7 41 CO T			L	corporation submits this statement for the p	FL		
ornoe or r	registered agent, or both, in the arm familiar with, and accept the	State of Florida, Such c	nange was aut	thorized by	/ the cori	poration's board of directors. I hereby acception	pt the appoin	anging it trient as	s registered registered
SIGNATURE									
	Signs of types or and other assets asset		(NOTE F		nt signature	e required when reinstating)	DATE		
12.	OFFICER:	S AND DIBECTORS	Televiere	13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	JONES, TERRY L.	L.	] DELETE	1 1 TITLE				Change	Addition
NAMÉ	530 BAY RIDGE RD			1.2 NAME					
STREET ADDRESS	JACKSONVILLE FL			13 STREET	ADDRESS				
CITY - ST - ZIP	- UNONOOTTICLE IE		1 printe	1.4 CITY - S	ST - ZiP			1	
TIFLE	:	L	] DELETE	21 TITLE			L	] Change	Addition
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STREET ADDRESS				2 3 STREET	ADDRESS				
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Trice		L	DELETE	4 1 TOTLE			L	] Change	L Addition
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STREET ADDRESS				4.3 STREET					
C(7V+\$1+7/2			Lociete	4.4 CITY - S	1 - ZIP		<del></del>	161	
HILE		L	DELETE	51 TITLE			L	] Change	Addition
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\$186ET ADDRESS				5.3 STREET					
DIY-SI-7P			Locien	5.4 CITY - 9	T- ZIP			1 2	
TITLE			] DELETE	6 1 TITLE			L.	Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
DCV_ST.7P				6 & CITY . C	1 7(D	1			

14. If do 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 he receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MATURE AND TYPED OR SINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97 904-125-6/27