FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 2:43

DOCUMENT # **P94000023313 (7)**

1. Corporation Name

JOHNSON BUS SERVICE, INC.

Principal Place of Business	Mailing Address
1721 MELSON AVE. JACKSONVILLE FL 32254	1721 MELSON AVE. JACKSONVILLE FL 32254

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/23/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3240402 ☐ 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

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
KNAPP, CHARLES R 3433 CESERY BLVD. JACKSONVILLE FL 32211	81 Name: AMANDA LANIER 82 Street Address (P.O. Box Number is Not Acceptable): 3624 HERSCHEL ST 83 84 City: JACKSONVILLE FL 85 Zip Code: 32206

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: Amanda Lanier — 4/2/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, BERNICE G	12 NAME	
STREET ADDRESS	1721 MELSON AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32254	14 CITY-ST-ZIP	
TITLE	DVS	21 TITLE	☐ Change ☐ Addition
NAME	ARMSTRONG, TONYA	22 NAME	
STREET ADDRESS	1523 W. 29TH ST.	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, JESSE	32 NAME	
STREET ADDRESS	1523 W. 29TH ST.	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: Bernice G. Johnson — 4/2/95 — 904-783-6280
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #