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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000023313 (7)

1. Corporation Name

JOHNSON BUS SERVICE, INC.

FILED May 01 1996 8:00 am Secretary of State

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Principal Place of	Business	Muling Address				1 18811891 118 1817 81911 8911			
1721 MELSON AVE. 1721 MELSON AVE. JACKSONVILLE FL 32254 JACKSONVILLE FL 32254									
						3. Date Incorporated or Qualified 03/23/1994		e of Last Re 04/10/19	95
. Principal Place	of Business	2a. Mailing Address				4, FEI Number			Applied For
]		26				59-3240402			Not Applicable Additional
Suite, Apt. #, 6	etc	Suite, Apt. #, et	C			5. Certificate of Status Desired			Required
City & State		City & State				6. Election Campaign Financing			0 May Be
City & State		28				Trust Fund Contribution	<u> </u>		d to Fees
Zip	Country	Zip	Cou	intry		8. This corporation has liability for	intangible	tax under s	199.032.
]	25	29	30	r ····		Florida Statutes Yes 10. Name and Address of New F	No	1 Agent	
	g. Name and Address of Curren	t Registered Agent		a.T		10. Name and Address of New F	egisteret	a myonic	
				81	Name				
amanda	LANIER		82 Street Ad		Street Addre	ldress (P.O. Box Number is Not Acceptable)			
	rschel st								
JACKSON	WILLE FL 32205			03					
				84	City		F	85 Z	ip Code
				1.1	L	ation submits this statement for the pu d of directors. Thereby accept the app	mose of c	hanging its	registered office
12.	g af de typed de perted nær ent rægelered dje ' OFFICERS AN		13.	Till E		ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO	
TIFLE	JOHNSON, BERNICE G			NAME					
AME	JOHNSON, DENNICE C								
TOTAL ADDDINGS			133	STREET	ADDRESS				
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14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not quality for the exteription stated in section in some legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate the exteription stated in section have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate the exteription stated in section in this same legal effect as if made under certify that the information indicated on this fing is voluntarily furnished annual report is true and accurate the exteription stated in section in section in the same legal effect as if made under certify that the information indicated in the same legal effect as if made under certify that the information indicated in the same legal effect as if made under certify that the information indicated in the same legal effect as if made under certify that the information indicated in this same legal effect as if made under certify that the information indicated in the same legal effect as if made under certify that the information indicated in the same legal effect as if made under certify that the information indicated in the same legal effect as if made under certificities.

SIGNATURE:

E AND TYPED OR PRINTÉD NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 904 7836284

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