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May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000023313 (7)

1. Corporation Name
JOHNSON BUS SERVICE, INC.

Principal Place of Business
1721 MELSON AVE.
JACKSONVILLE FL 32254

Mailing Address
1721 MELSON AVE.
JACKSONVILLE FL 32254-1666



2. Principal Place of Business

21 11688 CARAPACE LN
Suite, Apt. #, etc.

22 City & State
JACKSONVILLE FL

23 Zip Country
32218 DUVAL

24 32218 25 DUVAL

2a. Mailing Address

26 11688 CARAPACE LN
Suite, Apt. #, etc.

27 City & State
JACKSONVILLE FL

28 Zip Country
32218 DUVAL

29 32218 30 DUVAL

3. Date Incorporated or Qualified
03/23/1994

3a. Date of Last Report
05/01/1996

4. FET 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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AMANDA LANIER
3624 HERSCHEL ST
JACKSONVILLE FL 32205

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 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

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 DPT
JOHNSON, BERNICE G
STREET ADDRESS 1721 MELSON AVE.
CITY-ST-ZIP JACKSONVILLE FL 32254

TITLE ☐ DELETE
NAME DVS
ARMSTRONG, TONYA
STREET ADDRESS 1523 W. 29TH ST.
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☐ DELETE
NAME DVP
GRIGGS, CYNTHIA
STREET ADDRESS 10837 KEY CORAL DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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 address.

SIGNATURE: BERNICE G. JOHNSON

CR2E034 (9/96)