

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/9/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # S22158

(7)

95 JUN 12 AM 8:20

1. Corporation Name

J.C. HARRIS BUS SERVICE, INC.

Principal Place of Business

2055 FRANK E AVENUE
JACKSONVILLE FL 32208

Mailing Address

2055 FRANK E AVENUE
JACKSONVILLE FL 32208

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/31/1990

3a. Date of Last Report

03/22/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

4. FEI Number

59-3047364

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

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

9. Name and Address of Current Registered Agent

HARRIS, JAMES C. SR.
2055 FRANK E AVENUE
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

81 Name

Anna M. Harris

82 Street Address (P.O. Box Number is Not Acceptable)

1437 Belleshore Cir. S.

83

84 City

Jacksonville

FL

85 Zip Code

32219

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

Anna M. Harris

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HARRIS, JAMES C., SR.
STREET ADDRESS 1437 BELLSHORE CIRCLE S.
CITY - ST - ZIP JACKSONVILLE FL

TITLE STD
NAME HARRIS, ANNA MAE
STREET ADDRESS 1437 BELLSHORE CIRCLE S.
CITY - ST - ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Anna Mae Harris
1437 Belleshore Cir. S.
Jacksonville, FL 32218

☒ Change ☐ Addition

2.1 TITLE YPD

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

James Curtis Harris Jr.
1437 Belleshore Cir. S.
Jacksonville, FL 32218

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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:

Anna Mae Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-95

Date

904-765-8767

(Signature)