

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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 JAN 27 PM 4:15

DOCUMENT # 730402 (5)

1. Corporation Name

FLORIDA TRANSIT ASSOCIATION, INC.

Principal Place of Business

2003 PARKWAY BLDG.
POST OFFICE BOX 10168
TALLAHASSEE FL 32302

Mailing Address

FLORIDA TRANSIT ASSOCIATION
P O BOX 10168
TALLAHASSEE FL 32302
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/08/1974
3a. Date of Last Report 01/19/1994
4. FEI Number 59-1766032
Applied For Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22 102

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WATSON, WES
2003 PARKWAY BUILDING
S109 S 102
TALLAHASSEE FL 32302

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

Wes Watson

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

NOTE: Registered Agent signature required when not filing.

DATE

1/23/95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P
BLAYLOCK, MICHAEL
111 MYRTLE AVE
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP
WESTBROOK, KEN
1515 W FAIRFIELD
PENSACOLA FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TS
SKOUTELAS, PAUL
1200 W SOUTH ST
ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
COLBY, ED
111 NW 1ST ST
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ED
WATSON, JOHN WES
2003 APALACHEE PKWY
TALLAHASSEE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
SWISHER, JIM
1907 VOYLES ST
LIVE OAK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ 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)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if provided, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime (Area #)