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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

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1. Corporation	JMENT # 73040	02 (5)				
FLOR	RIDA TRANSIT ASSOCIATIO	• •				
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POST OFFI	(Way Bldg. ICE Box 10168 EE Fl 32302	FLORIDA TRANSIT A P O BOX 10168 TALLAHASSEE FL 3:				
		US	2.02	3. Date Incorporated or Qualified 08/08/1974	3a. Date of Las	
!. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	01/27/	,
L. Suite, Apt.	# etc	26		59-1766032	-	Applied For Not Applicable
]		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.7	5 Additional
City & Stat	te	City & State			()	Required
		28		6. Election Campaign Financing	\$5.0	00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Adde	ed to Fees
	25	29	30	This corporation has liability for interest Florida Statutes	angible tax under s Yes	s. 199.032,
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Reg	istered Agent	
	ON, Wes					
2003 P/	ARKWAY BUILDING / 102	-	82 Street Add	dress (P.O. Box Number is Not Acceptable)		
310	•	•	83			
TALLAH	HASSEE FL 32302		84 City			
			1 - 117		FL 85 Z	p Code
Purcuent t	to the		[]			
Pursuant to	to the provisions of Sections 617.0502 red agent or both, in the State of Flori	2 and 617.1508. Florida Statu da. Such change was authori	ites, the above-named corpo	oration submits this statement for the purpo	se of changing its r	registered office
i. Pursuant t or register familiar wit	to the provisions of Sections 617.0502 red agent, or both, in the State of Flori ith, and addept the obligations of, Sect	2 and 617.1508. Florida Statu da. Such change was authori tion 617.0503, Florida Statute	ites, the above-named corpo zed by the corporation's boa s.	oration submits this statement for the purpo arcl of directors. I hereby accept the appoint	se of changing its r tment as registered	registered office Lagent. Lam
Pursuant to register familiar with GNATURE	1 150 Vata	uon 617.0503, Florida Statute	S.	4/7	se of changing its r trment as registered	registered office Lagent, Lam
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statules. I further of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statules; and that my name hanged, or on an attachment with an address.

SIGNATURE:

JULY WO WE 1104

HINTED NAME OF SIGNING OFFICER ON DIRECTOR

4/36/56 504 878 0855