FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 730402 (5)

1. Corporation Name
FLORIDA TRANSIT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2003 PARKWAY BLDG. POST OFFICE BOX 10168 TALLAHSSEE FL 32302	FLORIDA TRANSIT ASSOCIATION P O BOX 10168 TALLAHASSEE FL 32302 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 08/08/1974
3a. Date of Last Report: 01/27/1995
4. FEI Number: 59-1766032 ☐ 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
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 / 102
~~3400~~
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ 4/30/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☒ DELETE	1.1 TITLE P	☐ Change ☐ Addition
NAME	WESTBROOK, KEN		1.2 NAME	
STREET ADDRESS	1515 FAIRFIELD		1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE VP	☐ Change ☐ Addition
NAME	SKOUTELAS, PAUL		2.2 NAME	
STREET ADDRESS	1200 W SOUTH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE	TS	☐ DELETE	3.1 TITLE S-T.	☐ Change ☒ Addition
NAME	DENT, SHARON		3.2 NAME ROGER SWEENEY	
STREET ADDRESS	4305 E. 21ST AVENUE		3.3 STREET ADDRESS 14640 49th St N.	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP Clearwater, FL 34622	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COLBY, ED		4.2 NAME	
STREET ADDRESS	111 NW 1ST ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	
TITLE	ED	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WATSON, JOHN WES		5.2 NAME	
STREET ADDRESS	2003 APALACHEE PKWY		5.3 STREET ADDRESS 700001851287	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP -06/05/96--01018--021	
TITLE	D	☐ DELETE	6.1 TITLE ***61.25	☐ Change ☐ Addition
NAME	SWISHER, JIM		6.2 NAME	
STREET ADDRESS	1907 VOYLES ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL		6.4 CITY-ST-ZIP	

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ John Wes Watson 4/30/96 904 878 0855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)