

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$156 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 19 AM 10:53

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # 753863 (0)

1. Corporation Name
FTA PAC, INC.

Principal Place of Business Mailing Address
350 E COLLEGE AVE. TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/27/1980	3a. Date of Last Report 04/21/1994
4. FEI Number 59-2020452	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**WEBB, TOM
 350 E. COLLEGE AVE.
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 617.1503, Florida Statutes.

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

(NOTE: Registered Agent signature required when re-registering)

DATE

July 13 1995

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BOSTICK, W GUY
STREET ADDRESS	502 E. BRIDGE AVE
CITY - ST - ZIP	AUBURNDALE FL
TITLE	D
NAME	JACKSON, ROBERT
STREET ADDRESS	155 E. 21 ST.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VC
NAME	ALTERMAN, SIDNEY
STREET ADDRESS	12805 NW 42ND AVE
CITY - ST - ZIP	OPA LOCKA FL
TITLE	D
NAME	FOGARTY, JERRY E
STREET ADDRESS	1193 CUMBERLAND AVE
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	JOHNS, JEROME
STREET ADDRESS	114 W MADISON ST.
CITY - ST - ZIP	STARKE FL
TITLE	T
NAME	POOSER, A.E.
STREET ADDRESS	350 E. COLLEGE AVE
CITY - ST - ZIP	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BROWN, CHARLIE
5.3 STREET ADDRESS	2200 W. LANDSTREET ROAD
5.4 CITY - ST - ZIP	ORLANDO, FL 32809-7900
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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: A.E. Pooser
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/95)

753863

FTA PAC
INCORPORATED
350 East College Avenue
Tallahassee, FL 32301
904-222-9900

GUY BOSTICK, Chairman
Concar Industries, Inc.
SIDNEY ALTERMAN, Vice Chairman
Alterman Transport Lines
GENE FOGARTY, Director
Fogarty Van Lines
BOB JACKSON, Director
Florida Rock & Tank Lines, Inc.
CHARLIE BROWN, Director
Orlando Mack Sales & Service
TOMMY OAKLEY, Director
Oakley Transport, Inc.
ED POOSER, Secretary-Treasurer
Florida Trucking Association
TOM WEBB, Consultant
Florida Trucking Association

D
TOMMY OAKLEY
101 ABC ROAD
LAKE WALES, FL 33859-4170