

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **753863** (0)
 1. Corporation Name
FTA PAC, INC.



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

3. Date Incorporated or Qualified: **08/27/1980**
 3a. Date of Last Report: **07/19/1995**

| | | | |
|--------------------------------|---------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 | 26 | 59-2020452 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 22 | 27 | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| City & State | City & State | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23 | 28 | | |
| Zip | Country | 29 | 30 |
| 24 | 25 | 29 | 30 |

| | | | |
|---|--|---|-----------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| WEBB, TOM 350 E. COLLEGE AVE. TALLAHASSEE FL 32301 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | CD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOSTICK, W GUY | 1.2 NAME | |
| STREET ADDRESS | 502 E. BRIDGE AVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | AUBURNDALE FL | 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | |
| NAME | JACKSON, ROBERT | 2.2 NAME | |
| STREET ADDRESS | 155 E. 21 ST. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | VC <input type="checkbox"/> DELETE | 3.1 TITLE | |
| NAME | ALTERMAN, SIDNEY | 3.2 NAME | |
| STREET ADDRESS | 12805 NW 42ND AVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | OPA LOCKA FL | 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | |
| NAME | FOGARTY, JERRY E | 4.2 NAME | |
| STREET ADDRESS | 1193 CUMBERLAND AVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | |
| NAME | BROWN, CHARLIE | 5.2 NAME | |
| STREET ADDRESS | 2200 W. LANDSTREET RD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | |
| NAME | POOSER, A.E. | 6.2 NAME | |
| STREET ADDRESS | 350 E. COLLEGE AVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 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: *A. E. POOSER* **A. E. POOSER** Date: **7/30/96** Daytime Phone #: **(904) 222-9900**

CR2E037 (3/96)