

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
08/27/1980

4. FEI Number
59-2020452

Applied For
 Not Applicable

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

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOSTICK, W GUY	1.2 NAME	Oakley, Thomas
STREET ADDRESS	502 E. BRIDGE AVE	1.3 STREET ADDRESS	101 ABC Road
CITY-ST-ZIP	AUBURNDALE FL	1.4 CITY-ST-ZIP	Lake Wales, FL 33859-4170
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, ROBERT	2.2 NAME	Pritchett, Marvin
STREET ADDRESS	155 E. 21 ST.	2.3 STREET ADDRESS	1050 S.E. 6th Street
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Lake Butler, FL 32054-0311
TITLE	VC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOGARTY, GENE	4.2 NAME	
STREET ADDRESS	1193 CUMBERLAND AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** 4/22/98 222-9900

CR2E037 (10/97)