

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753863

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/27/1980
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	59-2020452
24	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

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	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 617.0503, 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	<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	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	
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, with all other like empowered.

SIGNATURE: A. POOSER 4/28/99 222 9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

537863-4024-31
753863

FTA PAC
INCORPORATED
350 East College Avenue
Tallahassee, FL 32301
8 5 0 - 2 2 2 - 9 9 0 0

GUY BOSTICK, Chairman
Comcar 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 & Services
TOMMY OAKLEY, Director
Oakley Transport, Inc.
MARVIN PRITCHETT, Director
Pritchett Trucking, Inc.
ED POSSER, Secretary-Treasurer
Florida Trucking Association
TOM WEBB, Consultant
Florida Trucking Association

D
Oakley, Tommy
P.O. Box 4170
Lake Wales, FL 33859-4170

D
Pritchett, Marvin
P.O. Box 311
Lake Butler, FL 32054-0311