

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N37148 (6)

1. Corporation Name

COMMERCIAL GROUND TRANSPORTATION ASSOCIATION, INC.

95 MAY -1 AM 8:14

Principal Place of Business

Mailing Address

% JOHN F. MADIEDO, JR.
2003 W. KENNEDY BLVD
TAMPA FL 33606

% JOHN F. MADIEDO, JR.
2003 W. KENNEDY BLVD
TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/14/1990** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3063966** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032. Yes No

9. Name and Address of Current Registered Agent

DEZEL, JILL M
109 N. BRUSH STREET
SUITE 500
TAMPA FL 33602

81 Name
82 Street Address
83
84 City

130 no change

85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corp or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and accept the obligations of, Section 607.0505, Florida Statutes.

8 purpose of changing its registered office or appointment as registered agent. I am

SIGNATURE

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **LINSKY, MICHAEL A.**
STREET ADDRESS **601 E. TWIGGS, #200**
CITY - ST - ZIP **TAMPA FL**

TITLE **D**
NAME **MADIEDO, DEBRA S.**
STREET ADDRESS **2003 W. KENNEDY BLVD.**
CITY - ST - ZIP **TAMPA FL**

TITLE **D**
NAME **EVERITT, BRENDA LEE**
STREET ADDRESS **918 WINCHESTER CT.**
CITY - ST - ZIP **BRANDON FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. OFFICERS AND DIRECTORS IN 12

1 1 TITLE Change Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

2 1 TITLE Change Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

3 1 TITLE Change Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

6 1 TITLE Change 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)(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 an executor 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: *Debra S. Madiedo* **Debra S. Madiedo** **4/27/95** **813-251-4900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #