

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 16 AM 10:28

DOCUMENT # 711268 (3)

1. Corporation Name

FLORIDA TRUCKING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

350 EAST COLLEGE AVE
TALLAHASSEE FL 32301

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TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/27/1966

04/07/1994

4. FEI Number

Applied For

59-0248607

Not Applicable

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

☐ **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBB, THOMAS B. JR.
350 E. COLLEGE AVENUE
TALLAHASSEE FL 32301

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

Thomas B Webb Jr

(NOTE: Registered Agent Signature required when reinstating)

Thomas Beebe 6/14/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VCD
NAME BOSTICK, MARK
STREET ADDRESS 502 E BRIDGE AVE
CITY - ST - ZIP AUBURDALE FL

11 TITLE VED
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE VCD
NAME LEHOR, GEORGE
STREET ADDRESS 247 MALAGA AVE
CITY - ST - ZIP CORAL GABLES FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE CD
NAME ALTERMAN, RICHARD
STREET ADDRESS 12805 NW 42 AVE
CITY - ST - ZIP OPA LOCKA FL

31 TITLE PCD
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE P
NAME WEBB, THOMAS B.
STREET ADDRESS 3425 CASTLEBAR CR
CITY - ST - ZIP TALLAHASSEE FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VED
NAME STOHLER, RICHARD
STREET ADDRESS 5910 E HILLSBOROUGH AVE
CITY - ST - ZIP TAMPA FL

51 TITLE CD
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE PCD
NAME JACKSON, ROBERT
STREET ADDRESS 155 E 21 ST
CITY - ST - ZIP JACKSONVILLE FL

61 TITLE VCD
62 NAME CHARLES BACK
63 STREET ADDRESS 3600 N.W. 82ND AVENUE
64 CITY - ST - ZIP MIAMI, FL 33166

☐ Change ☒ 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 110.07(3)(b), 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:

Thomas Beebe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/95

9042229800

CR2E037 (3/95)