

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 # **711268** (3)

1. Corporation Name

FLORIDA TRUCKING ASSOCIATION, INC.



Principal Place of Business

**350 EAST COLLEGE AVE
TALLAHASSEE FL 32301**

Mailing Address

**350 EAST COLLEGE AVE
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified
07/27/1966

3a. Date of Last Report
06/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
59-0248607

Applied For
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**

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

9. Name and Address of Current Registered Agent

**WEBB, THOMAS B. JR.
350 E. COLLEGE AVENUE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VED** ☐ DELETE
NAME **BOSTICK, MARK**
STREET ADDRESS **502 E BRIDGE AVE**
CITY-ST-ZIP **AUBURNDAL FL**

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

TITLE **PCD** ☒ DELETE
NAME **ALTERMAN, RICHARD**
STREET ADDRESS **12805 NW 42 AVE**
CITY-ST-ZIP **OPA LOCKA FL**

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

TITLE **CD** ☐ DELETE
NAME **STOHLER, RICHARD**
STREET ADDRESS **5910 E HILLSBOROUGH AVE**
CITY-ST-ZIP **TAMPA FL**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CD** ☒ 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 **VCD** ☐ 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 **PCD** ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE **VCD** ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)