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FILED

May 09 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

350 EAST COLLEGE AVE
TALLAHASSEE FL 32301350 EAST COLLEGE AVE
TALLAHASSEE FL 32301-15223. Date Incorporated or Qualified
07/27/19663a. Date of Last Report
08/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0248607

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BOSTICK, MARK	
STREET ADDRESS	502 E BRIDGE AVE	
CITY - ST - ZIP	AUBURNDALE FL	

1.1 TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	LEHOR, GEORGE	
STREET ADDRESS	247 MALAGA AVE	
CITY - ST - ZIP	CORAL GABLES FL	

2.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	BACK, CHARLES	
STREET ADDRESS	3600 NW 82ND AVENUE	
CITY - ST - ZIP	MIAMI FL	

3.1 TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JON PRITCHETT	
3.3 STREET ADDRESS	1050 SE 6TH ST.	
3.4 CITY - ST - ZIP	LAKE BUTLER, FL 32054	

TITLE	P	<input type="checkbox"/> DELETE
NAME	WEBB, THOMAS B.	
STREET ADDRESS	3425 CASTLEBAR CR	
CITY - ST - ZIP	TALLAHASSEE FL	

4.1 TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	THOMAS OAKLEY	
4.3 STREET ADDRESS	101 ABC ROAD	
4.4 CITY - ST - ZIP	LAKE WALES, FL 33859	

TITLE	PCD	<input checked="" type="checkbox"/> DELETE
NAME	STOHLER, RICHARD	
STREET ADDRESS	5910 E HILLSBOROUGH AVE	
CITY - ST - ZIP	TAMPA FL	

5.1 TITLE	I	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ED WALPOLE	
5.3 STREET ADDRESS	269 NW 9TH ST.	
5.4 CITY - ST - ZIP	OKEECHOBEE, FL 34973	

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	CLAYTON, ROBERT	
STREET ADDRESS	9786 W. BEAVER STREET	
CITY - ST - ZIP	JACKSONVILLE FL	

6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RICHARD RECHTIEN	
6.3 STREET ADDRESS	7227 NW 74TH AVE.	
6.4 CITY - ST - ZIP	MIAMI, FL 33166	

14. I do 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:

Tom Webb

Apr 25 '97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division Phone Number

CR2E037 (9/96)