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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-0248607

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 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. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/98

12. OFFICERS AND DIRECTORS

TITLE PCD ☒ DELETE

NAME BOSTICK, MARK
STREET ADDRESS 502 E BRIDGE AVE
CITY-ST-ZIP AUBURNDALE FL

TITLE CD ☐ DELETE

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

TITLE VCD ☐ DELETE

NAME PRITCHETT, JON
STREET ADDRESS 1050 S.E. 6TH ST.
CITY-ST-ZIP LAKE BUTLER FL

TITLE P ☐ DELETE

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

TITLE T ☐ DELETE

NAME WALPOLE, ED
STREET ADDRESS 289 N.W. 9TH ST.
CITY-ST-ZIP OKEECHBOEE FL

TITLE VCD ☐ DELETE

NAME CLAYTON, ROBERT
STREET ADDRESS 9786 W. BEAVER STREET
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VCD ☐ Change ☒ Addition

1.2 NAME Tommy Oakley
1.3 STREET ADDRESS 101 ABC Road
1.4 CITY-ST-ZIP Lake Wales, FL 33859

2.1 TITLE PCD ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE S ☐ Change ☒ Addition

3.2 NAME Dick Rechten
3.3 STREET ADDRESS 7227 N.W. 74th Ave.
3.4 CITY-ST-ZIP Miami, FL 33166

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE VCD ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE CD ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

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

4/20/98

4/22/98

CR2E037 (1097)