2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711268

Entity Name: FLORIDA TRUCKING ASSOCIATION, INC.

Apr 22, 2008 Secretary of State

| Current Principal Place of Business: New Principal Place of Business | Current Principal Place of Business: | New Principal Place of Business |
|--|--------------------------------------|---------------------------------|
|--|--------------------------------------|---------------------------------|

350 EAST COLLEGE AVENUE TALLAHASSEE, FL 32301

Current Mailing Address: New Mailing Address:

350 EAST COLLEGE AVENUE TALLAHASSEE, FL 32301

FEI Number: 59-0248607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAJCHEL, MARY LOU 350 EAST COLLEGE AVENUE TALLAHASSEE, FL 32301

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

BROWN, CHARLIE SCHULER, RICHARD Name: Name: 2200 WEST LANDSTREET ROAD Address: P. O. BOX 32024 Address: City-St-Zip: ORLANDO, FL 32809 US City-St-Zip: LAKELAND, FL 33802 US

Title: CED () Delete Title: CED (X) Change () Addition

SHULER, RICHARD Name: WALPOLE, KEITH Name: Address: P. O. BOX 407 Address: P. O. BOX 1177

City-St-Zip: LAKELAND, FL 33802 US City-St-Zip: OKEECHOBEE, FL 34972 US

Title: VCD () Delete Title: VCD (X) Change () Addition WALPOLE, KEITH BAUGH, DANIEL Name: Name:

Address: P. O. BOX 1177 Address: P. O. BOX 188 City-St-Zip: OKEECHOBEE, FL 34972 City-St-Zip: EUSTIS, FL 32727

VCD () Delete Title: VCD (X) Change () Addition

Title: Name: BAUGH, DANIEL Name: HINDLE, TOM Address: P.O. BOX 188 Address: P. O. BOX 67

EUSTIS, FL 32727 City-St-Zip: City-St-Zip: AUBURNDALE, FL 33823

Title: () Delete Title: (X) Change () Addition HINDLE, TOM PRITCHETT, PHILLIP Name: Name:

P.O. BOX 437 Address: Address: P. O. BOX 311

City-St-Zip: MULBERRY, FL 33860 City-St-Zip: LAKE BUTLER, FL 32054

Title: () Delete Title: (X) Change () Addition PRITCHETT, PHILLIP ROB CARRYL Name: Name: Address: P.O. BOX 311 Address: 219 EDGEWOOD AVENUE SOUTH MULBERRY, FL 32054 JACKSONVILLE, FL 32254 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LOU RAJCHEL, PRESIDENT & CEO **PRES** 04/22/2008

Electronic Signature of Signing Officer or Director

Date