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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 712344 (1)

1. Corporation Name

FLORIDA TRANSPORTATION BUILDERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1007 E. DESOTO PARK DR., STE. 200  
P.O. BOX 1208  
TALLAHASSEE FL 32301

1007 E. DESOTO PARK DR., STE. 200  
P.O. BOX 1208  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified  
03/03/1967

3a. Date of Last Report  
02/20/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURLESON, ROBERT G  
1007 E DESOTO PAR DR STE 200  
P.O. BOX 1208  
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 C  
NAME CONE, MIKE L  
STREET ADDRESS 6735 S LOIS AVE  
CITY-ST-ZIP TAMPA FL

1.1 TITLE  
1.2 NAME D  
1.3 STREET ADDRESS Cone, Mike L.  
1.4 CITY-ST-ZIP

TITLE D  
NAME LEWARE, JAMES F. J  
STREET ADDRESS 925 THOMAS RD  
CITY-ST-ZIP LEESBURG FL

2.1 TITLE  
2.2 NAME C  
2.3 STREET ADDRESS Leware, James F. Jr.  
2.4 CITY-ST-ZIP

TITLE P  
NAME BURLESON, ROBERT G  
STREET ADDRESS 1007 E DESOTO PARK DR ST  
CITY-ST-ZIP TALLAHASSEE FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME JENSEN, LUCY B.  
STREET ADDRESS 9100 PHILLIPS HWY.  
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE  
4.2 NAME ST  
4.3 STREET ADDRESS Horan, Mike  
4.4 CITY-ST-ZIP 909C Tamiami Trail  
Port Charlotte, FL 33953

TITLE D  
NAME HUMPHREY, DON  
STREET ADDRESS 18506 NE 5TH AVE  
CITY-ST-ZIP MIAMI FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ST  
NAME ROBERTS, CHUCK  
STREET ADDRESS HWY 20 EAST  
CITY-ST-ZIP HOSFORD FL

6.1 TITLE  
6.2 NAME VC  
6.3 STREET ADDRESS Roberts, Chuck  
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:

*Robert G. Burlison* Robert G. Burlison 1/22/96 904 942 K64

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)