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FILED

Jan 16 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 712344

(1)

1. Corporation Name

FLORIDA TRANSPORTATION BUILDERS' ASSOCIATION, IN  
C.

Principal Place of Business

Mailing Address

1007 E. DESOTO PARK DR., STE. 200  
P.O. BOX 1208  
TALLAHASSEE FL 323011007 E. DESOTO PARK DR., STE. 200  
P.O. BOX 1208  
TALLAHASSEE FL 32302-12083. Date Incorporated or Qualified  
03/03/19673a. Date of Last Report  
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-0551642

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 Fees8. 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

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONE, MIKE L	
STREET ADDRESS	6735 S LOIS AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	LEWARE, JAMES F. J	
STREET ADDRESS	925 THOMAS RD	
CITY-ST-ZIP	LEESBURG FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BURLESON, ROBERT G	
STREET ADDRESS	1007 E DESOTO PARK DR ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HORAN, MIKE	
STREET ADDRESS	909 C TAMIAHI TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUMPHREY, DON	
STREET ADDRESS	18506 NE 5TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	ROBERTS, CHUCK	
STREET ADDRESS	HWY 20 EAST	
CITY-ST-ZIP	HOSFORD FL	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CONE, RAMMY	
1.3 STREET ADDRESS	5201 Cone Rd.	
1.4 CITY-ST-ZIP	Tampa, FL 33680	
2.1 TITLE	DIST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SLADE, MIKE	
2.3 STREET ADDRESS	101 Sansbury Way	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33416	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Horan, Mike	
4.3 STREET ADDRESS	909C Tamiami Trail	
4.4 CITY-ST-ZIP	Port Charlotte, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Roberts, Chuck	
6.3 STREET ADDRESS	Hwy. 20 East	
6.4 CITY-ST-ZIP	Hosford, FL	

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:

Robert G. Burleson, President 1/8/97 904 942-KDH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0000000

CR2E037 (9/96)