

FILE NOW: FILING FEE IS \$61.25

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May 11 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 # **712344** (1)

1. Corporation Name

FLORIDA TRANSPORTATION BUILDERS' ASSOCIATION, IN C.



Principal Place of Business 1007 E. DESOTO PARK DR. STE. 200 P.O. BOX 1208 TALLAHASSEE FL 32301	Mailing Address 1007 E. DESOTO PARK DR. STE. 200 P.O. BOX 1208 TALLAHASSEE FL 32301
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3. Date Incorporated or Qualified

03/03/1967

4. FEI Number

59-0551642

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

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	D	<input type="checkbox"/> DELETE
NAME	CONE, RAMMY	
STREET ADDRESS	5201 CONE ROAD	
CITY-ST-ZIP	TAMPA FL	

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	BURLESON, ROBERT G	
STREET ADDRESS	1007 E DESOTO PARK DR ST	
CITY-ST-ZIP	TALLAHASSEE FL	

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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HORAN, MIKE	
STREET ADDRESS	909 C TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL	

3.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUMPHREY, DON	
STREET ADDRESS	18506 NE 5TH AVE	
CITY-ST-ZIP	MIAMI FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	CD	<input type="checkbox"/> DELETE
NAME	ROBERTS, CHUCK	
STREET ADDRESS	HWY 20 EAST	
CITY-ST-ZIP	HOSFORD FL	

5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	300002523948	
5.3 STREET ADDRESS	-05/14/98--01098--036	
5.4 CITY-ST-ZIP	***61.25	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Slade, Michael	
6.3 STREET ADDRESS	101 Sansbury's Way	
6.4 CITY-ST-ZIP	West Palm Beach, FL 33416	

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:

CR2E037 (10/97)