

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90080 012 ****61.25

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DOCUMENT # 712344

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

03/03/1967

4. FEI Number

59-0551642

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BURLESON, ROBERT G
1007 E DESOTO PAR DR STE 200
P.O. BOX 1208
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

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 S/T ☐ DELETE
NAME CONE, RAMMY
STREET ADDRESS 5201 CONE ROAD
CITY-ST-ZIP TAMPA FL

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

TITLE VDC ☐ DELETE
NAME HORAN, MIKE
STREET ADDRESS 909 C TAMIAMI TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL

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

TITLE D ☐ DELETE
NAME MICHAEL SLADE
STREET ADDRESS 101 SANSBURY WAY
CITY-ST-ZIP WEST PALM BCH FL 33416

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 3409 McKay Avenue

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE C ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE S/T ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Andrew M. Clark
925 Thomas Avenue
Leesburg, Florida

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)