FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N24338

FLORIDA COMPETITIVE CARRIERS ASSOCIATION, INC.

Principal Place of Business 117 S. GADSDEN TALLAHASSEE FL 32301

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

P.O. BOX 10967

2a. Mailing Address

TALLAHASSEE FL 32302

Suite, Apt. #, etc.

FILED Mar 06, 1999 8:00 am § Secretary of State

03-06-1999 90072 020 ****61.25

3. Date Incorporated or Qualifed

01/13/1988

65-0049123

4. FEI Number

22		27			65-004 9123	Not Applicable
City & Stat	ate City & State		5. Certificate of Status Desired	\$8.75 Additional _ Fee Required		
23		28				
Zip	Country	Zip	Country	,	6. Election Campaign Financing	\$5.00 May Be
24	25	29	30		Trust Fund Contribution	Added to Fees
	9. Name and Address of Curren	Registered Agent	- 04	Mana	10. Name and Address of New Registe	ed Agent
			81	Name		
GILLAN, JOSEPH		82	Street A	Address (P.O. Box Number is Not Acceptable)		
117 S. GADSDEN						
TALLAHASSEE FL 32301		83	1			
			84	City		85 Zip Code
				,	 	<u> </u>
11. Pursuant	to the provisions of Sections 617.050:	2 and 617.1508, Florida State	ites, the abov	e-named o	corporation submits this statement for the purpos	e of changing its registered
office or r	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was	authorized by	/ the corpo	ration's board of directors. I hereby accept the a	opointment as registered
-	im lamiliar with and accept the colliga-	sono on Goodon o micodo, m	J. 155 Junio			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NO?	E: Registered Age	nt signature re	quired when reinstating) DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE			Change
NAME	SULMONETTI, BRIAN K		1.2 NAME		e e 4.	/
STREET ADDRESS	ACAR O EEDEDAL 184W OTE AGO		1.3 STREE	T ADDRESS	Concourse Corp. Center	Suite 3200
	DOGA DATON FI		1.4 CITY-S	1	Concourse Corp. Center 6 Concourse Parkwe Atlanta 64 3032	27, 001,00
CITY-ST-ZIP TITLE	S	☐ DELETE	2.1 TITLE	J1-211	ATIONIO 64 MISSE	☐ Change ☐ Addition
	} ~ .	C.,	2.2 NAME	ł		
NAME	GILLAN, JOSEPH P			T ADDRESS		
STREET ADDRESS	• . •					
CITY-ST-ZIP	TALLAHASSEE FL 32301	™ DELETE	2.4 CITY-: 3.1 TITLE	ST-ZIP		Change Addition
TITLE	D	AM DETESE		Ì		C 4 C
NAME	ROTHSTEIN, RACHEL		3.2 NAME			
STREET ADDRESS	,			ET ADDRESS		
CiTY-ST-ZIP	VIENNA VA	<u> </u>	3.4. CITY-	ST-ZIP		
TITLE	(VD					Change D Addition
NAME	1 '-	▼ OELETE	4.1 TITLE	1		☐ Change ☐ Addition
INAME	BOND, TOM	Detele	4.1 TITLE 4. 2 NAME	.		☐ Change ☐ Addition
STREET ADDRESS	BOND, TOM	•	4. 2 NAME	ET ADDRESS		☐ Change ☐ Addition
	BOND, TOM	•	4. 2 NAME	ET ADDRESS	Q.V	
STREET ADDRESS	BOND, TOM 780 JOHSON FERRY RD, STE	•	4. 2 NAME 4.3 STREE	ET ADDRESS ST-ZIP	V.D Steve Brown	
STREET ADDRESS CITY-ST-ZIP	BOND, TOM 780 JOHSON FERRY RD, STE	790	4, 2 NAME 4.3 STREE 4.4 CITY-5	ET ADDRESS ST-ZIP	Steve Brown	☐ Change ☑ Addition
STREET ADDRESS CITY-ST-ZIP TITLE	BOND, TOM 780 JOHSON FERRY RD, STE- ATLANTA GA 30342	790	4. 2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP	Steve Brown 3625 Queen Palm Dr	☐ Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BOND, TOM 780 JOHSON FERRY RD, STE- ATLANTA GA 30342	790	4. 2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS	Steve Brown	☐ Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOND, TOM 780 JOHSON FERRY RD, STE- ATLANTA GA 30342	790	4. 2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Steve Brown 3625 Queen Palm Dr	☐ Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	BOND, TOM 780 JOHSON FERRY RD, STE- ATLANTA GA 30342	700 DELETE	4. 2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-5	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Steve Brown 3625 Queen Palm Dr. TAMPA FL 33619 Rhanda Merritt	☐ Change
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BOND, TOM 780 JOHSON FERRY RD, STE ATLANTA GA 30342	700 DELETE	4. 2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-5 6.1 TITLE 6.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Steve Brown 3625 Queen Palm Dr. TAMPA FL 33619	☐ Change ☑ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	BOND, TOM 780 JOHSON FERRY RD, STE ATLANTA GA 30342	700 DELETE	4. 2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-5 6.1 TITLE 6.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Steve Brown 3625 Queen Palm Dr. TAMPA FL 33619 Rhanda Merritt	☐ Change ☑ Addition ☐ Change ☑ Addition ☐ Change ☑ Addition

see empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in officer or director of the corporation or the receiver or true Block 12 or Block 13 if changed, or on an attachment with

SIGNATURE:

561750 2940

Applied For

Not Applicable