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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 MAY -1 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N46155 (0)

1. Corporation Name

CAPITAL CITY TRANSPORTATION MANAGEMENT ASSOCIATI
ON, INC.

Principal Place of Business

Mailing Address

FSU COLLEGE OF BUSINESS
TALLAHASSEE FL 32306-3037

FSU COLLEGE OF BUSINESS
TALLAHASSEE FL 32306-3037

3. Date Incorporated or Qualified
11/22/1991

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-6152180

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

8. 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

CARVER, D. DEWAYNE
FSU COLLEGE OF BUSINESS
ROVETTA 324
TALLAHASSEE FL 32306-3037

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 *D. Carver*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/13/96

DATE

12. OFFICERS AND DIRECTORS

TITLE C
NAME MCPHERSON, TOM
STREET ADDRESS 2740 CENTERVIEW DR.
CITY-ST-ZIP TALLAHASSEE FL 32394-2100

TITLE D
NAME WATFORD, CHARLES
STREET ADDRESS FDOT 605 SUWANNEE ST. MS50
CITY-ST-ZIP TALLAHASSEE FL 32399-0490

TITLE D
NAME COOLEY, LYN
STREET ADDRESS FSU PARKING SERVICES
CITY-ST-ZIP TALLAHASSEE FL 32306

TITLE D
NAME MORGAN, CARL
STREET ADDRESS 2737 CENTRERVIEW ROAD
CITY-ST-ZIP TALLAHASSEE FL

TITLE D
NAME ~~OUTLAND, JOHN~~
STREET ADDRESS 3900 COMMONWEALTH BLVD.
CITY-ST-ZIP TALLAHASSEE FL 32394

TITLE D
NAME TATIE, CLINTON
STREET ADDRESS 301 S. MONROE ST.
CITY-ST-ZIP TALLAHASSEE FL 32301

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

PARRISH, DEBORAH

TATIE, CLINTON

\$ Deposited by JT/SCC 5-1-96

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 6 1996 922 6076

CR2E037 (12/95)