

NOT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE 10/1/98: \$12.50)

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N46155 (0)
Incorporation Name
~~Capital City Transportation Management Agency, Inc.~~
CAPITAL CITY TRANSPORTATION MANAGEMENT AGENCY, INC.

Principal Place of Business

Mailing Address

FSU COLLEGE OF BUSINESS
TALLAHASSEE FL 32306-3037-1111

FSU COLLEGE OF BUSINESS
TALLAHASSEE FL 32306-3037-1111

APPROVED
AND
FILED

98 OCT 19 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



0014032

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32306-1111

25

32306-1111

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/22/1991

4. FEI Number

59-6152180

Applied For

Not Applicable

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

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

DARVER, D. DEWAYNE
FSU COLLEGE OF BUSINESS
PO BOX 321
TALLAHASSEE FL 32306-3037

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.

NATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ST-ADDRESS

ST-ZIP

C
MCIPHERSON, TOM
2740 CENTERVIEW DR.
TALLAHASSEE FL 32394-2100

☐ DELETE

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

☐ Change ☐ Addition

ST-ADDRESS

ST-ZIP

D
WATFORD, CHARLES
FDOT 605 SUWANNEE ST. MS50
TALLAHASSEE FL 32399-0490

☐ DELETE

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

☐ Change ☐ Addition

ST-ADDRESS

ST-ZIP

D
COOLEY, LYN
FSU PARKING SERVICES
TALLAHASSEE FL 32306

☒ DELETE

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

☐ Change ☐ Addition

ST-ADDRESS

ST-ZIP

V
MORGAN, CARL
2737 CENTERVIEW ROAD
TALLAHASSEE FL

☐ DELETE

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

☐ Change ☐ Addition

ST-ADDRESS

ST-ZIP

D
PARRISH, DEBORAH
3900 COMMONWEALTH BLVD.
TALLAHASSEE FL 32394

☐ DELETE

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

☐ Change ☐ Addition

ST-ADDRESS

ST-ZIP

ST
LEVINE, DALE
FLORIDA LOTTERY, CAPITOL CTR COMPLEX
TALLAHASSEE FL 32301

☐ DELETE

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

☐ Change ☐ Addition

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.

NATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/98

Date

850 644 2509

Daytime Phone #

CR2E037 (5/98)

meGRACE

POSTED JOURNAL TRANSACTIONS BY SHDN WITHIN BENEFITTING OLO AND SITE

UDIT LOCATION - STATEWIDE
 OLO 450000 - DEPARTMENT OF STATE
 SITE 00 - DEPARTMENT OF STATE
 MDN S9000023047 ADOENO V003569

OLO 492000 - FLORIDA STATE UNIVERSITY
 SITE 00 - FL STATE UNIV-PAYABLES & DISBURSEMENTS S
 (850) 644-9645

ACCOUNT CODE		CF TC OBJECT		AMOUNT	ACCOUNT CODE		CF TC OBJECT	
9 20 2 655003 48900700 20 040000 00		25 4990		61.25	45 20 2 130001 45300000 00 001903 00		45	
					INVOICE # 073198		61.25	
TRANSACTION CODE TOTAL		25		61.25	45		61.25	

BENEFITTING DATA

Annual Report

45301010

R2

001015

000100

Decker
644-5200

644-2509

Gregory M...
 to correct cost.

No C00010

8/14/98

Dwayne
Chase

Added 10-13 will try to get copy with original signatures