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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N93000002458

1. Corporation Name

**FLORIDA ASSOCIATION OF CONCERNED TRAFFIC SCHOOLS
, INC.**

Principal Place of Business

~~1850 LEE RD
SUITE 305
WINTER PARK FL 32789
US~~

Mailing Address

~~1850 LEE RD
SUITE 305
WINTER PARK FL 32789
US~~



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 1725 ART MUSEUM DR
City & State

23 JACKSONVILLE FL
Zip Country

24 32207 25 DUVAL

2a. Mailing Address

26 Suite, Apt. #, etc.

27 1725 ART MUSEUM DR
City & State

28 JACKSONVILLE, FL
Zip Country

29 32207 30 DUVAL

3. Date Incorporated or Qualified

06/01/1993

4. FEI Number

59-3169100

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

~~PROEHEL ROBERT W
1850 LEE RD.
#127
WINTER PARK FL 32789~~

10. Name and Address of New Registered Agent

81 Name

JOEL R. HOLLEY, JR.

82 Street Address (P.O. Box Number is Not Acceptable)

83

1725 ART MUSEUM DRIVE

84 City

JACKSONVILLE

FL

85 Zip Code
32207

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 Joel R. Holley, Jr. - President
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3-10-99

12. OFFICERS AND DIRECTORS

TITLE ~~VD~~ ☐ DELETE
NAME HOLLEY, JOEL R JR
STREET ADDRESS 1725 ART MUSEUM DR
CITY-ST-ZIP JACKSONVILLE FL

TITLE ~~PD~~ ☐ DELETE
NAME SEGreti, JOHN
STREET ADDRESS 1850 LEE RD SUITE 313
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ~~TD~~ ☒ DELETE
NAME PROEHEL ROBERT
STREET ADDRESS 1850 LEE RD SUITE 305
CITY-ST-ZIP WINTER PARK FL

TITLE ~~SD~~ ☒ DELETE
NAME WALSH, FREDERICK J
STREET ADDRESS 427 N PALM ROSE DR
CITY-ST-ZIP ORLANDO FL 32803

TITLE ~~VPD~~ ☐ DELETE
NAME FIUR, HENRY
STREET ADDRESS 13499 BISCAYNE BLVD
CITY-ST-ZIP NO MIAMI FL 33181

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

PD

☒ Change ☐ Addition

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

VD

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

SD

JEFF PAIRAN
818 ROCKINGHAM ROAD
LAKE LAND, FL 33809

☐ Change ☒ Addition

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: Joel R. Holley, Jr. - President 3/10/99 904-399-3119 x24
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)