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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **725144**

1. Corporation Name
CAPE CORAL CONSTRUCTION INDUSTRY ASSOCIATION INC ORPORATION

Principal Place of Business	Mailing Address
1105 CAPE CORAL PKWY SUITE I CAPE CORAL FL 33904	1105 CAPE CORAL PKWY SUITE I CAPE CORAL FL 33904

2. Principal Place of Business	2a. Mailing Address
21 2804 Del Prado Blvd.	26 2804 Del Prado Blvd.
Suite, Apt. #, etc. 22 209-2	Suite, Apt. #, etc. 27 209-2
City & State 23 Cape Coral FL	City & State 28 Cape Coral FL
Zip / Country 24 33904 25 USA	Zip / Country 29 33904 30 USA

3. Date Incorporated or Qualifed: 01/03/1973

4. FEI Number: 59-1920950 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

KELSO, ELIZABETH
1105 E. CAPE CORAL PARKWAY
SUITE I
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name: Patti L. Schnell
82 Street Address (P.O. Box Number is Not Acceptable): 2804 Del Prado Blvd # 209-2
83
84 City: Cape Coral **FL** 85 Zip Code: 33904

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: Patti L. Schnell — 5/25/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	PLACKE, BRIAN		1.2 NAME	David N. Hamilton	
STREET ADDRESS	1612 E. CAPE CORAL WAY		1.3 STREET ADDRESS	1592 Market Circle	
CITY-ST-ZIP	CAPE CORAL FL 33904		1.4 CITY-ST-ZIP	Port Charlotte FL 33953	
TITLE	PP	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	AUBUCHON, GARY		2.2 NAME	CSR Rinker Materials.	
STREET ADDRESS	4724 VINCENNAS BLVD.		2.3 STREET ADDRESS	25061 Old US 41	
CITY-ST-ZIP	CAPE CORAL FL 33904		2.4 CITY-ST-ZIP	Bonita Springs FL 34135	
TITLE	TSD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	REED, JOHN		3.2 NAME	Thomas E. Bellini	
STREET ADDRESS	8695 COLLEGE PARKWAY, SUITE 24		3.3 STREET ADDRESS	1414 SE 17th Ave #103	
CITY-ST-ZIP	FORT MYERS FL 33919		3.4 CITY-ST-ZIP	Cape Coral FL 33990	
TITLE	P	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	WORLEY, TERRY		4.2 NAME	Worley, Terry	
STREET ADDRESS	1110 NE PINE ISLAND RD., #15		4.3 STREET ADDRESS	1110 Pine Island Rd #15	
CITY-ST-ZIP	CAPE CORAL FL 33904		4.4 CITY-ST-ZIP	Cape Coral FL 33909	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	PAVESE, FRANK A		5.2 NAME	Jim Gordon	
STREET ADDRESS	4635 S. DALE PRADO BLVD		5.3 STREET ADDRESS	1517 SE 16th Pl, Unit 3	
CITY-ST-ZIP	CAPE CORAL FL 33904		5.4 CITY-ST-ZIP	Cape Coral FL 33990	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	MATHIS, BILL		6.2 NAME	Judy Jenkins	
STREET ADDRESS	4339 SOUTH ALTAMONTE CIRCLE		6.3 STREET ADDRESS	2804 Del Prado Blvd #107	
CITY-ST-ZIP	FORT MYERS FL 33903		6.4 CITY-ST-ZIP	Cape Coral FL 33904	

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: David N Hamilton — DAVID N HAMILTON — 5/28/99 — 5490010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)