

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 766137 (4)

1. Corporation Name

PRECAST CONCRETE STRUCTURES ASSOCIATION OF FLORIDA, INC.



Principal Place of Business

Mailing Address

16521 SAN CARLOS BLVD
SUITE H
FT MYERS FL 33908
US

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SUITE H
FT MYERS FL 33908
US

3. Date Incorporated or Qualified
12/10/1982

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2415781

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

MC GEE, FRED L.
16521 SAN CARLOS BLVD
SUITE H
FT MYERS FL 33908

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

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	P	<input checked="" type="checkbox"/> DELETE
NAME	ZACHARA, JOE	
STREET ADDRESS	580 10TH STREET EAST	
CITY - ST - ZIP	PALMETTO FL 34221	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LINDSAY, RON JR.	
STREET ADDRESS	ROUTE 3 BOX 229	
CITY - ST - ZIP	ALACHUA FL 32615	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	VOGELSANG, MICHAEL	
STREET ADDRESS	P.O. BOX 23607 NA	
CITY - ST - ZIP	JACKSONVILLE FL 32217	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MC GEE, FRED	
STREET ADDRESS	16521 SAN CARLOS BLVD, SUITE H	
CITY - ST - ZIP	FT MYERS FL 33908	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Michael Vogelsang	
1.3 STREET ADDRESS	P.O. Box 23607	
1.4 CITY - ST - ZIP	Jacksonville, FL 32241	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dan Dallas	
2.3 STREET ADDRESS	1701 Myrtle Street	
2.4 CITY - ST - ZIP	Sarasota, FL 34230	
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Greg Knotts	
3.3 STREET ADDRESS	23902 County Hwy. 561	
3.4 CITY - ST - ZIP	Astatula, FL 34705	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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:

Fred L. McGee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)