

FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90120 016 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 766137

1. Corporation Name

PRECAST CONCRETE STRUCTURES ASSOCIATION OF FLORIDA, INC.

147678 90120 16

Principal Place of Business

16521 SAN CARLOS BLVD
SUITE H
FT MYERS FL 33908
US

Mailing Address

P.O. BOX 08669
FT MYERS FL 33908-0669
US



21	2. Principal Place of Business	2a. Mailing Address	26	3. Date Incorporated or Qualified	12/10/1982
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	4. FEI Number	59-2415781
23	City & State	City & State	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	30	30	Trust Fund Contribution	<input type="checkbox"/>

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 type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNOTTS, GREG	1.2 NAME	Knotts, Greg
STREET ADDRESS	P.O. BOX 157 N/A	1.3 STREET ADDRESS	23902 Country Hwy. 561, P.O. Box 157
CITY-ST-ZIP	ASTATULA FL 34705	1.4 CITY-ST-ZIP	Astatula, FL 34705
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARABIAN, EDWARD	2.2 NAME	Arabian, Edward
STREET ADDRESS	8351 N.W. 93RD STREET	2.3 STREET ADDRESS	8351 NW 93rd St.
CITY-ST-ZIP	MEDLEY FL 33166	2.4 CITY-ST-ZIP	Medley, FL 33166
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, WAYNE	3.2 NAME	
STREET ADDRESS	P.O. BOX 369 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32721	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MC GEE, FRED	4.2 NAME	McGee, Fred L.
STREET ADDRESS	16521 SAN CARLOS BLVD, SUITE H	4.3 STREET ADDRESS	16521 San Carlos Blvd., Ste. H
CITY-ST-ZIP	FT MYERS FL 33908	4.4 CITY-ST-ZIP	Ft. Myers, FL 33908
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE REQUIRED
FRED MCGEE 1-5-99 941-454-6549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)