

**FILE NOW: FILING FEE MAY 1 IS \$55.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**  
95 JUN 28 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N05698 (8)**  
1. Corporation Name  
**CENTRAL FLORIDA CHAPTER OF THE AMERICAN CONCRETE  
INSTITUTE, INC.**

Principal Place of Business Mailing Address  
**P. O. BOX 940671 MATLAND FL 32751-0671** **P. O. BOX 940671 MATLAND FL 32751-0671**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2b		10/16/1984	04/21/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
22		27		59-2481318	
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	
SHELBY, DAVID R 621 SHERIDAN BLVD. ORLANDO FL 32804				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				900001526379	
				-06/29/95 - 01009-2093	
				www.flsos.com	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHELBY, DAVID R 621 SHERIDAN BLVD. ORLANDO FL 32804				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				900001526379			
				-06/29/95 - 01009-2093			
				www.flsos.com			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: RON PAFFORD (NOTE: Registered Agent signature required when reinstating) DATE: 4/12/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, RONALD	1.2 NAME	ALAN HAUGHEY
STREET ADDRESS	320 EAST SOUTH ST.	1.3 STREET ADDRESS	2457-A S. MIAMIWAY RD. # 324
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUGHEY, ALAN	2.2 NAME	RANDY SHELBY
STREET ADDRESS	2776 GRANTHAM CT.	2.3 STREET ADDRESS	621 SHERIDAN BLVD.
CITY-ST-ZIP	ORLANDO FL 32835	2.4 CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAFFORD, RON	3.2 NAME	RON PAFFORD
STREET ADDRESS	500 N. MATLAND AVE. #310	3.3 STREET ADDRESS	500 N. MATLAND AVE. #310
CITY-ST-ZIP	MATLAND FL 32751-4463	3.4 CITY-ST-ZIP	MATLAND, FL 32751-4463
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELBY, DAVID R	4.2 NAME	DAVID WESTOTT
STREET ADDRESS	621 SHERIDAN BLVD.	4.3 STREET ADDRESS	1320 N. SEMORAN BLVD. # 209
CITY-ST-ZIP	ORLANDO FL 32804	4.4 CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEDDLE, TIM	5.2 NAME	CHARLES SIEBERTLY
STREET ADDRESS	5533 FORCE FOUR	5.3 STREET ADDRESS	P.O. BOX 160011
CITY-ST-ZIP	ORLANDO FL 32839	5.4 CITY-ST-ZIP	ALTAIR 9065, FL 32716 N/A
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNK, PEETER	6.2 NAME	FRED SCHMALTER
STREET ADDRESS	804 SWEETWATER BLVD. SOUTH	6.3 STREET ADDRESS	2532 MAGGIE
CITY-ST-ZIP	LONGWOOD FL 32779	6.4 CITY-ST-ZIP	ORLANDO, FL 32811

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: RON PAFFORD DATE: 4/12/95 DAYTIME PHONE: (407) 647-6997