

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

96 DEC -2 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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 MAITLAND FL 32751-0671
P. O. BOX 940671 MAITLAND FL 32751-0671

21	2. Principal Place of Business	2a. Mailing Address
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23	City & State	City & State
24	Zip	Country
25	Country	Zip
26	Country	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
10/16/1984	06/28/1995
4. FEI Number	Applied For
59-2481318	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
PAFFORD, RON
500 N. MAITLAND AVE.
SUITE 310
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	1.1 TITLE	President
NAME	HAUGHEY, ALAN	1.2 NAME	Shelby, Randy
STREET ADDRESS	2457-A S. HIAWASSEE ROAD #324	1.3 STREET ADDRESS	621 Sheridan Blvd.
CITY-ST-ZIP	ORLANDO FL 32835	1.4 CITY-ST-ZIP	Orlando, FL 32804
TITLE	V	2.1 TITLE	Vice President
NAME	SHELBY, RANDY	2.2 NAME	Pafford, Ron
STREET ADDRESS	621 SHERIDAN BLVD.	2.3 STREET ADDRESS	500 N. Maitland Ave. #310
CITY-ST-ZIP	ORLANDO FL 32804	2.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE	TD	3.1 TITLE	Secretary
NAME	PAFFORD, RON	3.2 NAME	Paine, Jack
STREET ADDRESS	500 N. MAITLAND AVE. #310	3.3 STREET ADDRESS	1544 Seminola Blvd, # 108
CITY-ST-ZIP	MAITLAND FL 32751	3.4 CITY-ST-ZIP	Casselberry, FL 32807
TITLE	SD	4.1 TITLE	Treasurer
NAME	WESTCOTT, DAVID	4.2 NAME	Westcott, David
STREET ADDRESS	1320 N. SEMORAN BLVD. #209	4.3 STREET ADDRESS	1320 N. Semoran Blvd. #209
CITY-ST-ZIP	ORLANDO FL 32807	4.4 CITY-ST-ZIP	Orlando, FL 32807
TITLE	D	5.1 TITLE	Director
NAME	SHETTERY, CHARLES	5.2 NAME	Barnett, Ron
STREET ADDRESS	P.O. BOX 160011 NA	5.3 STREET ADDRESS	3701 CR. 544 E.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32716	5.4 CITY-ST-ZIP	Haines City, FL 33845
TITLE	D	6.1 TITLE	Director
NAME	SCHMALZER, FRED	6.2 NAME	Castor, Craig
STREET ADDRESS	3532 MAGGIE BLVD.	6.3 STREET ADDRESS	4004 Clercuna-Orce Rd
CITY-ST-ZIP	ORLANDO FL 32811	6.4 CITY-ST-ZIP	Orlando, FL 32810

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)(b), 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, changed, or on an attachment with an address.

SIGNATURE: *David Westcott* 23 April, 1996 (407) 354-5052