


FILE NOW: FILING FEE IS \$61.25

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Mar 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moftam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05698** (8)  
1. Corporation Name  
**CENTRAL FLORIDA CHAPTER OF THE AMERICAN CONCRETE  
INSTITUTE, INC.**

Principal Place of Business <b>P. O. BOX 940671 MAITLAND FL 32751-0671</b>	Mailing Address <b>P. O. BOX 940671 MAITLAND FL 32794-0671</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>10/16/1984</b>	3a. Date of Last Report <b>12/02/1996</b>
				4. FEI Number <b>59-2481318</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				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 <b>PAFFORD, RON 500 N. MAITLAND AVE. SUITE 310 MAITLAND FL 32751</b>		10. Name and Address of New Registered Agent 81 Name <b>David Westcott</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>541 S. Orlando Ave., Suite 310</b> 83 84 City <b>Maitland</b> FL 85 Zip Code <b>32751</b>	
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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 *David Westcott* **March 25, 1997**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SHELBY, RANDY 621 SHERIDAN BLVD. ORLANDO FL 32804</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P David Westcott 541 S. Orlando Ave., Suite 310 Maitland, FL 32751</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP PAFFORD, RON 500 N. MAITLAND AVENUE #310 MAITLAND FL 32751</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VP Daniel Haldi 719 S. Woodland Blvd. Deland, FL 32720</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PAINE, JACK 1544 SEMINOLA BLVD. #108 CASSELBERRY FL 32807</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>T Craig Castor 8165 Rinker Way Orlando, FL 32826</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WESTCOTT, DAVID 1320 N. SEMORAN BLVD. #108 CASSELBERRY FL 32807</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>S Chuck Kuts 541 Saddlewood Lane Winter Springs, FL 32708</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BARNETT, RON 3701 CR 544 E. HAINES CITY FL 33845</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D Ron Farris 4514 Lake Martin Lane, Apt. K Orlando, FL 32808</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CASTOR, CRAIG 4004 CLARCONA - OCOEE RD. ORLANDO FL 32810</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>D Sheryl Page 5738 S. Semoran Blvd. Orlando, FL 32822</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: *David Westcott* **March 10, 1997** (407) 384-5050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)