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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Matham 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 P. O. BOX 940671 MAITLAND FL 32751-0671	Mailing Address P. O. BOX 940671 MAITLAND FL 32751-0671
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3. Date Incorporated or Qualified 10/16/1984	3a. Date of Last Report 06/28/1995
4. FEI Number 59-2481318	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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. City	
84. State	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 officer 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	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUGHEY, ALAN	1.2 NAME	Shelby, Randy
STREET ADDRESS	2457-A S. HIWASSEE 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 <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMALZER, FRED	6.2 NAME	Castor, Craig
STREET ADDRESS	3532 MAGGIE BLVD.	6.3 STREET ADDRESS	4004 Clarcona-Orce Rel
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)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature has 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.

David Westcott
23 April, 1996 (407)384-3052

SIGNATURE: *David Westcott* 23 April, 1996 (407)384-3052