

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90094 032 \*\*\*\*61.25  
 08-11-1999 90018 039 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

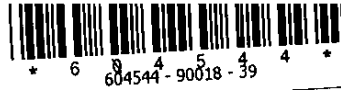
**DOCUMENT # N05698**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**10/16/1984**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-2481318**

Applied For  
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WESTCOTT, DAVID**  
**541 S ORLANDO AVE**  
**STE 310**  
**MAITLAND FL 32751**

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**  DELETE  
 NAME **WESTCOTT, DAVID**  
 STREET ADDRESS **541 S ORLANDO AVE, STE 310**  
 CITY-ST-ZIP **MAITLAND FL**

1.1 TITLE **P**  Change  Addition  
 1.2 NAME **SHERYL PAGE**  
 1.3 STREET ADDRESS **5738 S SEMORAN BLVD.**  
 1.4 CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE **VP**  DELETE  
 NAME **PAGE, SHERYL**  
 STREET ADDRESS **5738 S. SEMORAN BLVD.**  
 CITY-ST-ZIP **ORLANDO FL 32822**

2.1 TITLE **VP**  Change  Addition  
 2.2 NAME **CHUCK KUTS**  
 2.3 STREET ADDRESS **541 SADDLEWOOD LANE**  
 2.4 CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **T.**  DELETE  
 NAME **KUTS, CHUCK**  
 STREET ADDRESS **541 SADDLEWOOD LANE**  
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

3.1 TITLE **T**  Change  Addition  
 3.2 NAME **CHRIS LIPKE**  
 3.3 STREET ADDRESS **3115 37TH STREET**  
 3.4 CITY-ST-ZIP **ORLANDO, FLORIDA 32839**

TITLE **D**  DELETE  
 NAME **DUNHAM, DAN**  
 STREET ADDRESS **1030 N. ORLANDO STE. A**  
 CITY-ST-ZIP **WINTER PARK FL 32789**

4.1 TITLE **S**  Change  Addition  
 4.2 NAME **DAN DUNHAM**  
 4.3 STREET ADDRESS **1030 N. ORLANDO AVENUE SUITE A**  
 4.4 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **S**  DELETE  
 NAME **FARRIS, RON**  
 STREET ADDRESS **4514 LAKE MARTIN LANE, APT K.**  
 CITY-ST-ZIP **ORLANDO FL**

5.1 TITLE **D**  Change  Addition  
 5.2 NAME **STEVE GENTRY**  
 5.3 STREET ADDRESS **3115 37TH STREET**  
 5.4 CITY-ST-ZIP **ORLANDO, FL 32839**

TITLE **D**  DELETE  
 NAME **LIPKE, CHRIS**  
 STREET ADDRESS **3115 37TH ST.**  
 CITY-ST-ZIP **ORLANDO FL 32839**

6.1 TITLE **D**  Change  Addition  
 6.2 NAME **STEVE COLSON**  
 6.3 STREET ADDRESS **1057 UNIVERSITY BLVD. #300**  
 6.4 CITY-ST-ZIP **ORLANDO FL 32817**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/99

407 730-0520  
 Daytime Phone #

CR2E037 (5/99)