

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005656

Entity Name: FLORIDA INDEPENDENT CONCRETE AND ASSOCIATED PRODUCTS, INC.**FILED**
Feb 06, 2015
Secretary of State
CC5453759265**Current Principal Place of Business:**757 HEATHER GLEN CIRCLE
LAKE MARY, FL 32746**Current Mailing Address:**P.O. BOX 953905
LAKE MARY, FL 32795 US**FEI Number: 65-0454790****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STROPOLI, MICHELE
757 HEATHER GLEN CIRCLE
LAKE MARY, FL 32746 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title DIRECTOR
Name STROPOLI, MICHELE
Address 757 HEATHER GLEN CIRCLE
City-State-Zip: LAKE MARY FL 32746Title DIRECTOR
Name SPARKMAN, PRESTON
Address P.O. BOX 11
City-State-Zip: BRANDON FL 33509Title DIRECTOR
Name MARK, SMITH
Address PO BOX 7
City-State-Zip: BELL FL 32619Title DIRECTOR
Name CLEMENTS, GARY
Address 516 W MAIN ST
City-State-Zip: LAKELAND FL 33815Title VP
Name FREEMAN, ADAM
Address 1617 S. DIVISION AVE
City-State-Zip: ORLANDO FL 32805Title D
Name BISHOP, JEFFREY
Address 1142 WATERTOWER RD
City-State-Zip: WEST PALM BEACH FL 33403Title PRESIDENT
Name BISHOP, STEVE
Address 1601 RONALD REGAN BLVD
City-State-Zip: LONGWOOD FL 32750Title SECRETARY
Name MULLINS, WADE
Address PO BOX 11
City-State-Zip: BRANDON FL 33509**Continues on page 2**

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHELE STROPOLI**EXECUTIVE DIRECTOR****02/06/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	TREASURER
Name	JAHNA, FRED
Address	104 S RAILROAD AVE
City-State-Zip:	AVON PARK FL 33825-3181