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).

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
99 NOV -8 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007791

DOCUMENT # 702258

1. Corporation Name
FLORIDA CONCRETE PIPE INSTITUTE, INC.

Principal Place of Business	Mailing Address
POB 3858 LAKELAND FL 33802 US	POB 3858 LAKELAND FL 33802 US

REINSTATEMENT 99

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 3030 Dade Avenue	26 3030 Dade Avenue	04/10/1961
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-0938017 ☐ Applied For ☐ Not Applicable
23 City & State Orlando, FL	28 City & State Orlando, FL	5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
24 Zip 32804 25 Country	29 Zip 32804 30 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
~~HILTON, S R~~ ~~801 MCCUE RD~~ ~~LAKELAND FL 33815~~	81 Name ~~Dave Romano~~ Angel De Jesus 82 Street Address (P.O. Box Number is Not Acceptable) 83 3030 Dade Avenue 84 City Orlando FL 85 Zip Code 32804

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 Angel De Jesus / Angel De Jesus - Sec.-Treasurer 10/12/1999
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	C	☑ DELETE	1.1 TITLE	"D"	☐ Change ☑ Addition
NAME	CASHING, J		1.2 NAME	Director Dave Romano	
STREET ADDRESS	POB 24635		1.3 STREET ADDRESS	3030 Dade Avenue	
CITY-ST-ZIP	WPB FL 33416		1.4 CITY-ST-ZIP	Orlando FL 32804	
TITLE	D	☑ DELETE	2.1 TITLE	"T"	☐ Change ☑ Addition
NAME	BECOM, R		2.2 NAME	Secretary-Treasurer Angel De Jesus	
STREET ADDRESS	99 CENTER RD		2.3 STREET ADDRESS	P.O. Box 60 7008	
CITY-ST-ZIP	VENICE FL 34284		2.4 CITY-ST-ZIP	Orlando FL 32860-7008	
TITLE	T	☐ DELETE	3.1 TITLE	"D"	☑ Change ☐ Addition
NAME	HILTON, SIDNEY R		3.2 NAME	Vice-Chairman Hilton, Sidney R	
STREET ADDRESS	801 MCCUE RD		3.3 STREET ADDRESS	801 McCue Rd.	
CITY-ST-ZIP	LAKELAND FL 33815		3.4 CITY-ST-ZIP	Lakeland FL 33815	
TITLE	D	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HANDSEL, T		4.2 NAME	600003047726--3	
STREET ADDRESS	8250 62 ST N		4.3 STREET ADDRESS	-11/17/99--01094--003	
CITY-ST-ZIP	PINNELLAS PK FL 33780		4.4 CITY-ST-ZIP	****245.00 ****245.00	
TITLE	D	☐ DELETE	5.1 TITLE	"D"	☑ Change ☐ Addition
NAME	WHYBREW, R F		5.2 NAME	Chairman Whybrew, R F	
STREET ADDRESS	25726 CR 561		5.3 STREET ADDRESS	25726 CR 561	
CITY-ST-ZIP	ASTATULA FL 34705		5.4 CITY-ST-ZIP	Astatula FL 34705	
TITLE	D	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CONNELLY, J		6.2 NAME		
STREET ADDRESS	99 CENTER RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34284		6.4 CITY-ST-ZIP	KE	

14. I 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, with all other like empowered.

SIGNATURE: Angel De Jesus Angel De Jesus 10/12/1999 (407) 293-5126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)