

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:02

DOCUMENT # 717386 (7)
1. Corporation Name
FLORIDA PRESTRESSED CONCRETE ASSOCIATION, INC.

Principal Place of Business Mailing Address
1850 LEE RD. STE 230 1850 LEE RD. STE 230
WINTER PARK FL 32789-2106 WINTER PARK FL 32789-2106

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/20/1969 3a. Date of Last Report 01/19/1994
4. FEI Number 64-0476534 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 16521 SAN CARLOS BLVD. 26 16521 SAN CARLOS BLVD.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 SUITE H 27 SUITE H
City & State City & State
23 FT. MYERS, FL 28 FT. MYERS, FL
Zip Country Zip Country
24 33908 25 LEE 29 33908 30 LEE

g. Name and Address of Current Registered Agent
MCGEE, FRED L
1850 LEE ROAD, STE 230
WINTER PARK FL 32789-2106

10. Name and Address of New Registered Agent
81 Name MCGEE, FRED L.
82 Street Address (P.O. Box Number is Not Acceptable) 16521 SAN CARLOS BLVD. SUITE H
83
84 City FT. MYERS FL 85 Zip Code 33908

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Fred L. McGee* DATE: 3/16/95
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MICHALAK, MATTHEW L.
STREET ADDRESS	5440 W. TYSON AVE.
CITY-ST-ZIP	TAMPA FL 33611
TITLE	STD
NAME	CIANELLI, FRED A.
STREET ADDRESS	5600 NW 72ND AVE.
CITY-ST-ZIP	MIAMI FL 33186
TITLE	MD
NAME	MCGEE, FRED L.
STREET ADDRESS	1850 LEE ROAD SUITE 230
CITY-ST-ZIP	WINTER PARK FL 32789-2106
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MCGEE, FRED L.
3.3 STREET ADDRESS	16521 SAN CARLOS BLVD. SUITE H
3.4 CITY-ST-ZIP	FT. MYERS, FL 33908
4.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HENDERSON, DIRK
4.3 STREET ADDRESS	822 ANCLOTE ROAD
4.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Fred L. McGee* DATE: 3/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR