

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: 16521 SAN CARLOS BLVD. SUITE H FT MYERS FL 33908 US
Mailing Address: 16521 SAN CARLOS BLVD SUITE H FT MYERS FL 33908 US

3. Date Incorporated or Qualified: 10/20/1969
3a. Date of Last Report: 03/22/1995
4. FEI Number: 64-0476534
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23) and Mailing Address (24-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: MCGEE, FRED L, 16521 SAN CARLOS BLVD., SUITE H, FT MYERS FL 33908
10. Name and Address of New Registered Agent (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: MICHALAK, MATTHEW L.	1.1 TITLE: PD	NAME: Fred Cianelli
STREET ADDRESS: 5440 W. TYSON AVE.	CITY-ST-ZIP: TAMPA FL 33611	1.2 NAME: Fred Cianelli	1.3 STREET ADDRESS: 5600 N.W. 72nd Ave.
TITLE: VP	NAME: CIANELLI, FRED A.	1.4 CITY-ST-ZIP: Miami, FL 33166	2.1 TITLE: VP
STREET ADDRESS: 5600 NW 72ND AVE.	CITY-ST-ZIP: MIAMI FL	2.2 NAME: Dirk Henderson	2.3 STREET ADDRESS: 822 Anclote Road
TITLE: MD	NAME: MCGEE, FRED L.	2.4 CITY-ST-ZIP: Tarpon Springs, FL 34689	3.1 TITLE: [] Change [] Addition
STREET ADDRESS: 16521 SAN CARLOS BLVD., SUITE H	CITY-ST-ZIP: FT MYERS FL	3.2 NAME: [] Change [] Addition	3.3 STREET ADDRESS: [] Change [] Addition
TITLE: STD	NAME: HENDERSON, DIRK	3.4 CITY-ST-ZIP: [] Change [] Addition	4.1 TITLE: STD
STREET ADDRESS: 822 ANCLOTE ROAD	CITY-ST-ZIP: TARPON SPRINGS FL	4.2 NAME: John Robertson	4.3 STREET ADDRESS: P.O. Box 19449
TITLE: [] DELETE	NAME: [] DELETE	4.4 CITY-ST-ZIP: Tampa, FL 33686-9449	5.1 TITLE: [] Change [] Addition
TITLE: [] DELETE	NAME: [] DELETE	5.2 NAME: [] Change [] Addition	5.3 STREET ADDRESS: [] Change [] Addition
TITLE: [] DELETE	NAME: [] DELETE	5.4 CITY-ST-ZIP: [] Change [] Addition	6.1 TITLE: [] Change [] Addition
TITLE: [] DELETE	NAME: [] DELETE	6.2 NAME: [] Change [] Addition	6.3 STREET ADDRESS: [] Change [] Addition
TITLE: [] DELETE	NAME: [] DELETE	6.4 CITY-ST-ZIP: [] Change [] Addition	

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 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.

SIGNATURE: Fred L. McGee - FRED L. MCGEE 1-16-96 841-454-6091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)