FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State* -.
DIVISION OF CORPORATIONS

DOCUMENT #

717386

(7)

FLORIDA PRESTRESSED CONCRETE ASSOCIATION, INC.

Principal Place	dress					# 100(1) #0 00 F 11034 1000 0 11104 1	BEID BILL BIBLI	fidit bibet bibit 2	10(1 0)6(4 1901				
16521 SAN CARLOS BLVD. SUITE H				16521 SAN CARLOS BLVD SUITE H FT MYERS FL 33908-5245									
FT MYERS FL 33908 US				US					3. Date Incorporated or Qualific 10/20/1969	ed 3a. D	Date of Last R 01/25/19	eport 96	
2. Principal Place of Business 21				2a. Mailing Address 26					4. FEI Number 64-0476534			oplied For ot Applicable	
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					5. Cortificate of Status Desired See Required \$8.75 Additional Fee Required				
City & State				City & State					6. Election Campaign Financing	9	\$5.00	May Be	
23				28					Trust Fund Contribution		Added (to Fees	
Zip	Country			Zip Country			itry			8. This corporation has liability for intangible tax under s. 199.032,			
24	25			29 30						Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	9, Name	and Address	of Current F	Registered Agent			B1 [Name		10. Name and Address of New	Hegistered	Agent	
								Marine					
MCGEE, 16521 S	FRED L An Carlo	S BLVD.					82	Street	Address	ddress (P.O. Box Number is Not Acceptable)			
SUITE H							83						
.	ዮዓ FL 3390						84	City	····		FI	L · · ·	Code
11. Pursuant to the provisions of Soctions 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, 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													
GIONATORE _	ron) a	Flegistered Agent signature req			e required t		DATE						
12.		OFFI	CERS AND I	DIRECTORS	DELETE	13.	_			ADDITIONS/CHANGES 10 O	FICERS AN	ND DIRECTOR	RS IN 12 Addition
TITLE	STD				DELETE	1.1 117			1			Change	Addition
NAME		SON, JOHN					2 NAME 3 STREET ADDRESS						
STREET ADDRESS	P.O. BO TAMPA		rila										
CITY-ST-ZIP TITLE	PD	<u> </u>	ארות איני		DELETE	1.4 CIT 2.1 TIT	-	1-217	PD			Change	Addition
NAME) EDEN A	•		beccie	2.2 NA			1	nelli, Fred			
STREET ADDRESS	CIANELLI, FRED A. 5600 NW 72ND AVE.									0 NE 48th St.			l
CITY-ST-ZIP	MIAMI F					2. 4 Cl				pano Beach, FL 330)64		ì
TITLE	MD				DELETE	3.1 T(T			1			Change	☐ Addition
NAME		FRED L.		3.21			3.2 NAME						}
STREET ADDRESS	16521 9	AN CARLOS	BLVD., St	UITE H 3.3 S			REE1	address					
CITY-ST-ZIP	FT MYE	RS FL				3.4. CI	1Y - S	1- ZIP					
TITLE	VP				☐ DELETE	4.1 TIT	LE					Change	Addition
NAME		rson, dirk				4. 2 NA	ME						
STREET ADDRESS		CLOTE ROAD				4.3 \$1	REET	ADDRESS					
CITY-ST-ZIP	TARPON	SPRINGS F	<u>L</u>			4.4 CIT		T-ZIP	ļ				. Dade.
TITLE					DELETE	5.1 717						☐ Change	☐ Addition
NAME						5.2 NA							
STREET ADDRESS								ADDRESS					
CITY-ST-ZIP					Driese	5.4 CII	_	1 - 7IP	-			Chanca	Addition
TITLE					DELETE	6.1 TII						∐ Change	ET ADDITION
NAME						6.2 NA							
STREET ADDRESS								ADDRESS					
CITY-ST-ZIP						6.4 CI	Y-8	T - ZIP	<u></u>				

14. I do 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.