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**Mar 11 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 - P.O. Box 08669 SUITE H FT MYERS FL 33908 -0669 US
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3. Date Incorporated or Qualified 10/20/1969	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
4. FEI Number 64-0476534	Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 P.O. Box 08669 Suite, Apt. #, etc. 27 City & State Port Myers, FL 28 Zip 33908-0669 29 Country 30
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9. Name and Address of Current Registered Agent

**MC GEE, FRED L
16521 SAN CARLOS BLVD.
SUITE H
FT MYERS FL 33908**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	STD	<input type="checkbox"/> DELETE
NAME	ROBERTSON, JOHN	
STREET ADDRESS	POST OFFICE BOX 19449 N/A	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CIANELLI, FRED	
STREET ADDRESS	1380 NE 48TH ST	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	MC GEE, FRED L.	
STREET ADDRESS	16521 SAN CARLOS BLVD., SUITE H	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HENDERSON, DIRK	
STREET ADDRESS	822 ANCLOTE ROAD	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John Robertson	
1.3 STREET ADDRESS	P.O. Box 290817 5801 W. Commerce Street	
1.4 CITY-ST-ZIP	Tampa, FL 33687	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dirk Henderson	
4.3 STREET ADDRESS	822 Anclote Rd.	
4.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
5.1 TITLE	ST D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gay Thompson	
5.3 STREET ADDRESS	P.O. Box 823 2709 Jeffcott St. (33901)	
5.4 CITY-ST-ZIP	Fort Myers, FL 33902	
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 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.

SIGNATURE: *Fred McGee* Fred McGee, Exec. Director 1-5-98 (941) 454-6091

CR2E067 (10/97)