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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 717386

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: P.O. BOX 08669 FT MYERS FL 33908-0669 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/20/1969	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Country	64-0476534	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, JOHN	1.2 NAME	
STREET ADDRESS	P.O. BOX 290817, 5801 W COMMERCE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33687	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIANELLI, FRED	2.2 NAME	
STREET ADDRESS	1380 NE 48TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> DELETE	3.1 TITLE	MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEE, FRED L.	3.2 NAME	McGee, Fred L.
STREET ADDRESS	16521 SAN CARLOS BLVD., SUITE H	3.3 STREET ADDRESS	16521 San Carlos Blvd., Ste. H
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	Ft. Myers, FL 33908
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, DIRK	4.2 NAME	
STREET ADDRESS	822 ANCLOTE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TARPOON SPRINGS FL 34689	4.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, GAY	5.2 NAME	
STREET ADDRESS	P.O. BOX 823, 2709 JEFFCOTT ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33902	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: McGEE 1-5-99 941-454-6091
Daytime Phone #

CR2E037 (11/98)