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NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N03164 (3)

1. Corporation Name

FLORIDA SUNCOAST CHAPTER OF AMERICAN CONCRETE IN STITUTE, INC.

Principal Place of Business	Mailing Address
C/O ALBERT & HUGHES P.A. 100 S ASHLEY DR. STE 2000 TAMPA FL 33602 US	C/O ALBERT & HUGHES P.A. 100 S ASHLEY DR. STE 2000 TAMPA FL 33602 US

3. Date Incorporated or Qualified: 05/18/1984
3a. Date of Last Report: 06/02/1995

2. Principal Place of Business	2a. Mailing Address
21 Alpert, Barker & Calcutt, P.A.	26 % Alpert, Barker & Calcutt, P.A.
Suite, Apt. #, etc. 22 100 S. Ashley Dr. STE 2000	Suite, Apt. #, etc. 27 100 S. Ashley Dr. STE 2000
City & State 23 Tampa Fl.	City & State 28 Tampa Fl.
Zip / Country 24 33602 / 25 US	Zip / Country 29 33602 / 30 US

4. FEI Number: 59-2402855 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ALPERT, JONATHAN L. ESQ
STE 2000, ASHLEY TOWER
100 S ASHLEY DR
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: Alpert, Jonathan L. ESQ
82 Street Address (P.O. Box Number is Not Acceptable): STE 2000, Ashley Tower
83: 100 S. Ashley Dr.
84 City: Tampa **FL** 85 Zip Code: 33602

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 _____ 2-28-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when not attached) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WALTER, HANFORD 4902 EISENHOWER BLVD. #281 TAMPA FL 33634	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P Victor Smith 6302 N. 56th St. Tampa, Fla. 33610	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SMITH, VICTOR 6302 NORTH 56TH ST TAMPA FL 33610	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V Al Heindorf 6302 N. 56th St. Tampa, Fla. 33610	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T REICH, BRUCE 6301 NORTH 56TH ST. TAMPA FL 33610	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	S Bruce Reich 6301 N. 56th St. Tampa, Fla. 33610	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZAYED, DR. ABLA 4202 E. FOWLER AVE. TAMPA FL 33620	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	T Harold Schoenborn 2165 Sunnydale Blvd. Clearwater, Fl. 34625	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPARKMAN, PRESTON P.O. DRAWER LL NA PLANT CITY FL 33564	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D Mike Tibbett 3000 46th Ave. N. St. Petersburg, Fl. 33714	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAHIQUEZ, LUIS P.E. 5900-B BRECKENRIDGE PKWY TAMPA FL 33610	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D Linwood Schultz 201 E. Kennedy Blvd. 300 Tampa, Fl. 33602	☐ Change ☒ Addition

CR2E037 (12/95)

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: BRUCE REICH _____ 2/21/96 (813) 626-1141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #