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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO3164

(3)

FLORIDA SUNCOAST CHAPTER OF AMERICAN CONCRETE IN STITLIFF, INC.

FILED Mar 23 1998 8:00am Secretary of State

011101	TE, INC.						
Principal Place of Business ALPERT, BARKER & CALCUTT, PA 100 S ASHLEY DR. STE 2000 TAMPA FL 33602 US		Mailing Address				IDII DYDII DIDII DIDII DII	FIL DAVIN AND
		ALPERT. BARKER & CALCUTT. PA 100 S ASHLEY DR. STE 2000 TAMPA FL 33602 US			3. Date Incorporated or Qualified 05/18/1984 4. FEI Number Applied For 59-2402855 Not Applied be		
2. Principal P	Place of Business	2a. Mailing Address			59-2402855	- AA - E .	
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. 27 City & State			5. Certificate of Status Desired S8.75 Additional Fee Required		
					6. Election Campaign Financing Trust Fund Contribution 7. Is this nonprofit corporation a homeowners association?		
24	25	29	30	· y	 This corporation owes or has paid the Personal Property Tax due June 30. 		angible] No
	9. Name and Address of Curre		1001		10. Name and Address of New Regist		
			8	1 Name			
ALPERT, JONATHAN L. ESQ			8	2 24004 44	treat Address (D.O. Pay Number in Not Assemble)		
	O, ASHLEY TOWER		ľ	Z STRRET AD	dress (P.O. Box Number is Not Acceptable)		
100 S ASHLEY DR			8	3			
TAMPA	FL 33602		8	4 City		85 Zip C	Code
				1		FL	
agent. I a SIGNATURE	to the provisions of Sections 617.05 registered agent, or both, in the Sta im familiar with, and accept the oblinations of sections of sec						,
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	gent and title it applicable (NO	TE: Registered A	gent signature req	juired when reinstating) ADDITIONS/CHANGES TO OFFICERS	ATE S AND DIRECTOR	S IN 12
SIGNATURE . 12. IITLE	Signature, typed or printed name of registered a OFFICERS A	gent and title if applicable. (NC	TE: Registered A	pent signature req	ulred when reinstating) ADDITIONS/CHANGES TO OFFICERS PRESIDENT	PATE	S IN 12
SIGNATURE 12. JITLE NAME	Signature, typed or printed name of registered a OFFICERS A D GOODSON, WILLIAM	gent and title it applicable (NO	13. 1.1 TITLE	gent signature req	ADDITIONS/CHANGES TO OFFICERS PRESIDENT LIMINARY DISCHULTZ	S AND DIRECTOR:	S IN 12
SIGNATURE 12. 1ITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS A D GOODSON, WILLIAM 4919 W LAUREL ST	gent and title it applicable (NO	13. 1.1 TITLE 1.2 NAM 1.3 STRE	gent signature req	ADDITIONS/CHANGES TO OFFICERS PRESIDENT LINUOUD SCHULTZ 1930 LARS SJOBORG BIN	S AND DIRECTOR:	S IN 12
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4. I hereby certify that the information symphed with this filting 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 supplementar annular apport 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 of the requirer of rustee if inpowered 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:

M/2/KUVIS RECHIMINOSO Schult 7 01/20198 941-419-701