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Mar 23 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 # **N03164** (3)

1. Corporation Name

FLORIDA SUNCOAST CHAPTER OF AMERICAN CONCRETE INSTITUTE, INC.

Principal Place of Business

Mailing Address

**ALPERT, BARKER & CALCUTT, PA
100 S ASHLEY DR. STE 2000
TAMPA FL 33602
US**

**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

59-2402855

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **GOODSON, WILLIAM**
STREET ADDRESS **4919 W LAUREL ST**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **LINWOOD SCHULTZ**
1.3 STREET ADDRESS **1930 LARS SJOBORG Blvd.**
1.4 CITY-ST-ZIP **HAYES CITY, FL 33844**

TITLE **P** ☒ DELETE
NAME **HEINDORF, AL**
STREET ADDRESS **6302 N 56TH ST**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE **V** ☐ Change ☒ Addition
2.2 NAME **VICE-PRESIDENT**
2.3 STREET ADDRESS **DONALD FARRIS**
2.4 CITY-ST-ZIP **101 E. KENNEDY Blvd. #3100**
TAMPA, FL 33602

TITLE **VP** ☒ DELETE
NAME **REICH, BRUCE**
STREET ADDRESS **6301 NORTH 56TH ST.**
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE **S** ☐ Change ☒ Addition
3.2 NAME **SECRETARY**
3.3 STREET ADDRESS **AMANDA PEREIRA**
3.4 CITY-ST-ZIP **5801 BENJAMIN CENTER Dr. #112**
TAMPA, FL 33634

TITLE **S** ☒ DELETE
NAME **SCHOENBORN, HAROLD**
STREET ADDRESS **2165 SUNNYDALE BLVD**
CITY-ST-ZIP **CLEARWATER FL**

4.1 TITLE **T** ☐ Change ☒ Addition
4.2 NAME **TREASURER**
4.3 STREET ADDRESS **PAT TRIMBERT**
4.4 CITY-ST-ZIP **4919 W. LAUREL ST**
TAMPA, FL 33607

TITLE **D** ☒ DELETE
NAME **TIBBETT, MIKE**
STREET ADDRESS **3000 46TH AVE N**
CITY-ST-ZIP **ST PETERSBURG FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **DIRECTOR**
5.3 STREET ADDRESS **BEN DORN**
5.4 CITY-ST-ZIP **1211 TECH Blvd #200**
TAMPA, FL 33619

TITLE **D** ☒ DELETE
NAME **SCHULTZ, LINWOOD**
STREET ADDRESS **201 E KENNEDY BLVD, #300**
CITY-ST-ZIP **TAMPA FL**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **DIRECTOR**
6.3 STREET ADDRESS **LUIS MANIQUEZ**
6.4 CITY-ST-ZIP **5909 BRECKENRIDGE HWY #8**
TAMPA, FL 33610

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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: **Linwood Schultz** **01/28/98** **941-419-7010**

CR2E037 (10/97)