

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 02, 1999 8:00 am
Secretary of State

09-02-1999 90006 018 ****61.25

DOCUMENT # N03164

1. Corporation Name

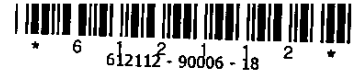
FLORIDA SUNCOAST CHAPTER OF AMERICAN CONCRETE INSTITUTE, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/18/1984

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

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

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

TITLE P ☒ DELETE
NAME SCHULTZ, LINWOOD
STREET ADDRESS 1930 LARS SJORBORG BLVD
CITY-ST-ZIP HAINES CITY FL 33844

TITLE VP ☐ DELETE
NAME FARRIS, DONALD
STREET ADDRESS 101 E KENNEDY BLVD, #3100
CITY-ST-ZIP TAMPA FL 33602

TITLE S ☐ DELETE
NAME PEREIRA, AMANDA
STREET ADDRESS 5801 BENJAMIN CENTER DR #112
CITY-ST-ZIP TAMPA FL 33634

TITLE T ☐ DELETE
NAME TRIMPERT, PAT
STREET ADDRESS 4919 W LAUREL ST
CITY-ST-ZIP TAMPA FL 33607

TITLE D ☒ DELETE
NAME DOAN, BEN
STREET ADDRESS 1211 TECH BLVD #200
CITY-ST-ZIP TAMPA FL 33619

TITLE D ☐ DELETE
NAME MANIQUEZ, LUIS1
STREET ADDRESS 5909 BRECKENRIDGE PKWY #B
CITY-ST-ZIP TAMPA FL 33610

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME FARRIS, DONALD
1.3 STREET ADDRESS 101 E. KENNEDY BLVD, #3100
1.4 CITY-ST-ZIP TAMPA, FL 33602

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME PEREIRA, AMANDA
2.3 STREET ADDRESS 5801 BENJAMIN CENTER DR #112
2.4 CITY-ST-ZIP TAMPA, FL 33634

3.1 TITLE S ☒ Change ☐ Addition
3.2 NAME TRIMPERT, PAT
3.3 STREET ADDRESS 4919 W. LAUREL ST.
3.4 CITY-ST-ZIP TAMPA, FL 33607

4.1 TITLE T ☐ Change ☒ Addition
4.2 NAME McBRIDE, JERRY
4.3 STREET ADDRESS 6302 W. 56TH ST.
4.4 CITY-ST-ZIP TAMPA, FL 33610

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME DICKENS, BILL
5.3 STREET ADDRESS 6503 MONTEREY DR.
5.4 CITY-ST-ZIP TAMPA, FL 33625

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
JERRY McBRIDE 8/30/99 813-623-3524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)