

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N93000000913 (4)

1. Corporation Name

AMERICAN CONCRETE INSTITUTE, FLORIDA GULF CHAPTE  
R, INC.



Principal Place of Business

Mailing Address

1342 COLONIAL BLVD.  
SUITE 21  
FORT MYERS FL 33907

1342 COLONIAL BLVD.  
SUITE 21  
FORT MYERS FL 33907

3. Date Incorporated or Qualified

02/23/1993

3a. Date of Last Report

02/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0389881

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

10. Name and Address of New Registered Agent

KAREH, AHMAD  
1342 COLONIAL BLVD.  
SUITE 21  
FORT MYERS FL 33907

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 officer 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 '2

TITLE DV ☐ DELETE  
NAME WHEELER, KEVIN L  
STREET ADDRESS PO BOX 1777 NA  
CITY-ST-ZIP BONITA SPRINGS FL

1.1 TITLE DP ☒ Change ☐ Addition  
1.2 NAME KEVIN L. WHEELER  
1.3 STREET ADDRESS 24260 PRODUCTION CI  
1.4 CITY-ST-ZIP BONITA SPRINGS, FL 33923

TITLE DP ☒ DELETE  
NAME JEFFERY, ROGER L  
STREET ADDRESS 12381 CLEVELAND AVE., SUITE 204  
CITY-ST-ZIP FORT MYERS FL

2.1 TITLE DV ☐ Change ☒ Addition  
2.2 NAME H. FRANK MURATI  
2.3 STREET ADDRESS 5500-4 DIVISION DR.  
2.4 CITY-ST-ZIP FT. MYERS, FL 33905-5001

TITLE DV ☒ DELETE  
NAME KAREH, AHMAD R  
STREET ADDRESS 1342 COLONIAL BLVD., STE. 21  
CITY-ST-ZIP FORT MYERS FL

3.1 TITLE DS ☐ Change ☒ Addition  
3.2 NAME JEFFREY T. MARTY  
3.3 STREET ADDRESS 13605 EAGLE RIDGE DR., #173A  
3.4 CITY-ST-ZIP FT. MYERS, FL 33912

TITLE DP ☐ DELETE  
NAME KAREH, AHMAD R  
STREET ADDRESS 1342 COLONIAL BLVD. STE 21  
CITY-ST-ZIP FORT MYERS FL

4.1 TITLE DT ☐ Change ☒ Addition  
4.2 NAME DAVID PATTERSON  
4.3 STREET ADDRESS 6200 SHIRLEY ST.  
4.4 CITY-ST-ZIP NAPLES, FL 33942

TITLE D ☐ DELETE  
NAME LANTRIP, DAVID J  
STREET ADDRESS PO BOX 4727 NA  
CITY-ST-ZIP NO FT MYERS FL

5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME C.P. TOPPINO  
5.3 STREET ADDRESS 16301 PONCE de LEON BLVD.  
5.4 CITY-ST-ZIP BROOKSVILLE, FL 34605-0006

TITLE D ☐ DELETE  
NAME NOLTON, MATTHEW H  
STREET ADDRESS 3627 PROGRESS AVE  
CITY-ST-ZIP NAPLES FL

6.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME DARRELL G. HARTLEY  
6.3 STREET ADDRESS 740 TAMiami TR - UNIT 3  
6.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33954

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN L. WHEELER

2/8/96 (941) 992-3720

Date

Daytime Phone

CR2E037 (12/95)