


**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90084 026 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 654143</b> 1. Corporation Name <b>FLAD &amp; ASSOCIATES OF FLORIDA, INC.</b>			
Principal Place of Business <b>3300 S.W. ARCHER ROAD</b> <b>GAINESVILLE FL 32608</b>		Mailing Address <b>3300 S.W. ARCHER ROAD</b> <b>GAINESVILLE FL 32608</b>	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	
3. Date Incorporated or Qualified <b>01/30/1980</b>		4. FEI Number <b>39-1346633</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		DO NOT WRITE IN THIS SPACE	
9. Name and Address of Current Registered Agent <b>BLASSICK, JOHN</b> <b>3300 S.W. ARCHER ROAD</b> <b>GAINESVILLE FL 32608</b>		10. Name and Address of New Registered Agent 81. Name <b>Michael P. Vascello</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>3300 S.W. Archer Road</b> 83. City <b>Gainesville</b> 84. Zip Code <b>FL 32608</b>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.			
SIGNATURE <i>[Signature]</i> Signature, typed or printed name of registered agent and date if applicable.		DATE <b>4/2/99</b> (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PETERSON, MICHAEL C 2828 MARSHALL CT STE 200 MADISON, WISC 00000	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Director of Landscaping & Architecture McGee, Harold 4519 NW 31st Ave. Gainesville, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VASCELLARO, MIKE P 3300 SW ARCHER RD GAINESVILLE FL 32608	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VPD Vascello, MICHAEL P. 3300 Archer Rd SW Gainesville, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLASSICK JOHN E 3300 SW ARCHER RD GAINESVILLE, FL 00000	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, RALPH H 644 SCIENCE DRIVE MADISON WI	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GYLLSTROM, THOMAS H. 8602 SW 5TH PLACE GAINESVILLE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEGE, JAMES M. 2022 NW 14TH AVE GAINESVILLE FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99

Date

608-231-2020

Daytime Phone #

CR2E034 (1/198)