

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

AMENDED

FILED

99 JUL 26 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

FLAD & ASSOCIATES OF FLORIDA, INC.

Principal Place of Business

3300 S.W. Archer Road  
Gainesville, FL 32608

Mailing Address

Same as Left

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1980

4. FEI Number

39-1346633

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 owes the current year Intangible  
Personal Property Tax.

Yes No

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

24

25

29

30

9. Name and Address of Current Registered Agent

Mike P. Vascellaro  
3300 S.W. Archer Road  
Gainesville, FL 32608

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 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

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 STD ☐ DELETE

NAME Peterson, Michael C  
STREET ADDRESS 2828 Marshall Ct STE 200  
CITY-ST-ZIP Madison, WI 53705

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE VPD ☐ DELETE

NAME Vascellaro, Mike P  
STREET ADDRESS 3300 SW Archer Rd  
CITY-ST-ZIP Gainesville, FL 32608

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME Jackson, Ralph H  
STREET ADDRESS 644 Science Drive  
CITY-ST-ZIP Madison, WI 53705

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE VP ☐ DELETE

NAME Gyllstrom, Thomas H  
STREET ADDRESS 8602 SW 5th Place  
CITY-ST-ZIP Gainesville, FL 32608

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE Director of Landscaping & Architecture ☐ DELETE

NAME McGee, Harold  
STREET ADDRESS 4519 NW 31st Ave.  
CITY-ST-ZIP Gainesville, FL 32608

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 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:

*Michael C Peterson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/1999

Date

608-231-2020

Daytime Phone #

CR2E034 (1/198)