

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **654143** (7)

1. Corporation Name  
**FLAD & ASSOCIATES OF FLORIDA, INC.**

Principal Place of Business Mailing Address  
**3300 S.W. ARCHER ROAD GAINESVILLE FL 32608**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/30/1980** 3a. Date of Last Report **05/01/1994**

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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLASSICK, JOHN**  
**3300 S.W. ARCHER ROAD**  
**GAINESVILLE FL 32608**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **STD**  
NAME **PETERSON, MICHAEL C**  
STREET ADDRESS **2828 MARSHALL CT STE 200**  
CITY - ST - ZIP **MADISON, WISC 00000**

1.1 TITLE **Vice President**  Change  Addition  
1.2 NAME **Gyllstrom, Thomas H**  
1.3 STREET ADDRESS **8602 SW Fifth Place**  
1.4 CITY - ST - ZIP **Gainesville FL 32607**

TITLE **V**  
NAME **REDFERN, MERLIN**  
STREET ADDRESS **6015 NW SECOND CT.**  
CITY - ST - ZIP **GAINESVILLE FL**

2.1 TITLE **Vice President**  Change  Addition  
2.2 NAME **Steger, James M**  
2.3 STREET ADDRESS **2022 NW 14th Avenue**  
2.4 CITY - ST - ZIP **Gainesville FL 32605**

TITLE **PD**  
NAME **BLASSICK JOHN E**  
STREET ADDRESS **3300 SW ARCHER RD**  
CITY - ST - ZIP **GAINESVILLE, FL 00000**

3.1 TITLE **Vice President**  Change  Addition  
3.2 NAME **Vascellaro, Michael P**  
3.3 STREET ADDRESS **8525 NW 35th Road**  
3.4 CITY - ST - ZIP **Gainesville FL 32606**

TITLE **D**  
NAME **JACKSON, RALPH H**  
STREET ADDRESS **6200 MINERAL POINT ROAD**  
CITY - ST - ZIP **MADISON WI**

4.1 TITLE **644 Science Drive**  Change  Addition  
4.2 NAME **Madison WI 53744**  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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)(b), 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.

SIGNATURE: *M. Peterson* Michael C. Peterson Sec/Treasurer 4/26/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Month/Year)