

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 654143 (7)**

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



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

3. Date Incorporated or Qualified: **01/30/1980**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **39-1346633**  
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: **BLASSICK, JOHN 3300 S.W. ARCHER ROAD GAINESVILLE FL 32608**  
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                      |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|---|---|--|
| TITLE: <b>STD</b>                               | NAME: <b>PETERSON, MICHAEL C</b>          | 1.1 TITLE: <b>Vice President</b>                      | NAME: <b>Vascellaro, Michael P.</b>          |
| STREET ADDRESS: <b>2828 MARSHALL CT STE 200</b> | CITY-ST-ZIP: <b>MADISON, WISC 00000</b>   | 1.2 NAME: <b>Vascellaro, Michael P.</b>               | 1.3 STREET ADDRESS: <b>8525 NW 35th Road</b> |
| CITY-ST-ZIP: <b>MADISON, WISC 00000</b>         |   | 1.4 CITY-ST-ZIP: <b>Gainesville, FL 32606</b>         |  |
| TITLE: <b>V</b>                                 | NAME: <b>REDFERN, MERLIN</b>              | 2.1 TITLE:  | NAME:  |
| STREET ADDRESS: <b>8015 NW SECOND CT.</b>       | CITY-ST-ZIP: <b>GAINESVILLE FL</b>        | 2.2 NAME:   | 2.3 STREET ADDRESS:                          |
| CITY-ST-ZIP: <b>GAINESVILLE FL</b>              |   | 2.4 CITY-ST-ZIP:                                      |  |
| TITLE: <b>PD</b>                                | NAME: <b>BLASSICK JOHN E</b>              | 3.1 TITLE:  | NAME:  |
| STREET ADDRESS: <b>3300 SW ARCHER RD</b>        | CITY-ST-ZIP: <b>GAINESVILLE, FL 00000</b> | 3.2 NAME:   | 3.3 STREET ADDRESS:                          |
| CITY-ST-ZIP: <b>GAINESVILLE, FL 00000</b>       |   | 3.4 CITY-ST-ZIP:                                      |  |
| TITLE: <b>D</b>                                 | NAME: <b>JACKSON, RALPH H</b>             | 4.1 TITLE:  | NAME:  |
| STREET ADDRESS: <b>644 SCIENCE DRIVE</b>        | CITY-ST-ZIP: <b>MADISON WI</b>            | 4.2 NAME:   | 4.3 STREET ADDRESS:                          |
| CITY-ST-ZIP: <b>MADISON WI</b>                  |   | 4.4 CITY-ST-ZIP:                                      |  |
| TITLE: <b>VP</b>                                | NAME: <b>GYLLSTROM, THOMAS H.</b>         | 5.1 TITLE:  | NAME:  |
| STREET ADDRESS: <b>8802 SW 5TH PLACE</b>        | CITY-ST-ZIP: <b>GAINESVILLE FL</b>        | 5.2 NAME:   | 5.3 STREET ADDRESS:                          |
| CITY-ST-ZIP: <b>GAINESVILLE FL</b>              |   | 5.4 CITY-ST-ZIP:                                      |  |
| TITLE: <b>VP</b>                                | NAME: <b>STEGE, JAMES M.</b>              | 6.1 TITLE:  | NAME:  |
| STREET ADDRESS: <b>2022 NW 14TH AVE</b>         | CITY-ST-ZIP: <b>GAINESVILLE FL</b>        | 6.2 NAME:   | 6.3 STREET ADDRESS:                          |
| CITY-ST-ZIP: <b>GAINESVILLE FL</b>              |   | 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael C. Peterson* Michael C. Peterson Secretary 4/16/96 (608)231-2020

CR2E034 (12/95)