

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

**FILED**

**Jan 23 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/30/1980</b>	
4. FEI Number <b>39-1346633</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

**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 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>STD</b> <input type="checkbox"/> DELETE
NAME	<b>PETERSON, MICHAEL C</b>
STREET ADDRESS	<b>2828 MARSHALL CT STE 200</b>
CITY-ST-ZIP	<b>MADISON, WISC 00000</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>REDFERN, MERLIN</b>
STREET ADDRESS	<b>8015 NW SECOND CT.</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>BLASSICK JOHN E</b>
STREET ADDRESS	<b>3300 SW ARCHER RD</b>
CITY-ST-ZIP	<b>GAINESVILLE, FL 00000</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JACKSON, RALPH H</b>
STREET ADDRESS	<b>644 SCIENCE DRIVE</b>
CITY-ST-ZIP	<b>MADISON WI</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>GYLLSTROM, THOMAS H.</b>
STREET ADDRESS	<b>8602 SW 5TH PLACE</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>STEGE, JAMES M.</b>
STREET ADDRESS	<b>2022 NW 14TH AVE</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Mike P. Vascellaro</b>
1.3 STREET ADDRESS	<b>3300 SW Archer Road</b>
1.4 CITY-ST-ZIP	<b>Gainesville, FL 32608</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

**SIGNATURE:** *Michael Peterson* **1/13/98** **608-231-2020**

CR2E034 (10/97)