


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

03-16-1999 90084 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 654143
 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

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

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

30. Zip Country

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
 Michael P. Vascellaro

82 Street Address (P.O. Box Number is Not Acceptable)
 3300 S.W. Archer Road

83

84 City
 Gainesville

85 Zip Code
 FL 32608

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 M.P. Vascellaro DATE 4/2/99
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | PETERSON, MICHAEL C | |
| STREET ADDRESS | 2828 MARSHALL CT STE 200 | |
| CITY-ST-ZIP | MADISON, WISC 00000 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | VASCELLARO, MIKE P | |
| STREET ADDRESS | 3300 SW ARCHER RD | |
| CITY-ST-ZIP | GAINESVILLE FL 32608 | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | BLASSICK JOHN E | |
| STREET ADDRESS | 3300 SW ARCHER RD | |
| CITY-ST-ZIP | GAINESVILLE, FL 00000 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | JACKSON, RALPH H | |
| STREET ADDRESS | 644 SCIENCE DRIVE | |
| CITY-ST-ZIP | MADISON WI | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | GILLSTROM, THOMAS H. | |
| STREET ADDRESS | 8602 SW 5TH PLACE | |
| CITY-ST-ZIP | GAINESVILLE FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | STEGE, JAMES M. | |
| STREET ADDRESS | 2022 NW 14TH AVE | |
| CITY-ST-ZIP | GAINESVILLE FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--|--|
| 1.1 TITLE | Director of Landscaping + Architecture | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | McGee, Harold | |
| 1.3 STREET ADDRESS | 4519 NW 31st Ave. | |
| 1.4 CITY-ST-ZIP | Gainesville, FL 32606 | |
| 2.1 TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Vascellaro, MICHAEL P. | |
| 2.3 STREET ADDRESS | 3300 Archer Rd SW | |
| 2.4 CITY-ST-ZIP | Gainesville, FL 32608 | |
| 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, with all other like empowered.

SIGNATURE: M.C. Peterson DATE 3/10/99 608-231-2020
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/199)