

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 # 054143
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

3. Date Incorporated or Qualified: 01/30/1980
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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
Mike P. Vascellaro
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
85 Zip Code: FL

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

TITLE	STD	<input type="checkbox"/> DELETE
NAME	Peterson, Michael C	
STREET ADDRESS	2828 Marshall Ct STE 200	
CITY-ST-ZIP	Madison, WI 53705	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	Vascellaro, Mike P	
STREET ADDRESS	3300 SW Archer Rd	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Jackson, Ralph H	
STREET ADDRESS	644 Science Drive	
CITY-ST-ZIP	Madison, WI 53705	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Gyllstrom, Thomas H	
STREET ADDRESS	8602 SW 5th Place	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	Director of Landscaping & Architecture	<input type="checkbox"/> DELETE
NAME	McGee, Harold	
STREET ADDRESS	4519 NW 31st Ave.	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	LS
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	100002952851--9
23 STREET ADDRESS	-08/06/99--01067--018
24 CITY-ST-ZIP	*****61.25 *****61.25
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

608-231-2020

Date

Daytime Phone #

CR2E034 (1/198)