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Apr 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N12257 (4)

1. Corporation Name

MID FLORIDA UTILITIES & TRANSPORTATION CONTRACTORS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**300 N. COUNTY ROAD, SUITE 101
LONGWOOD FL 32750
US**

**300 N. COUNTY ROAD, SUITE 101
LONGWOOD FL 32750
US**



3. Date Incorporated or Qualified

11/21/1985

4. FEI Number

57-0796488

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KERSHNER, R. BRUCE
300 N. COUNTY ROAD, SUITE 101
LONGWOOD FL 32750**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **BARE, KEN**
STREET ADDRESS **2170 STATE ROAD 434 WEST, SUITE 130**
CITY-ST-ZIP **LONGWOOD FL**

1.1 TITLE **Past President** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE
NAME **BULLINGTON, RICH**
STREET ADDRESS **990 MILLER DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

2.1 TITLE **President** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE
NAME **REED, CHUCK**
STREET ADDRESS **500 FERGUSON DRIVE**
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **BUSH, REBECCA**
STREET ADDRESS **291 ANCHOR ROAD**
CITY-ST-ZIP **CASSELBERRY FL**

4.1 TITLE **Vice President** ☐ Change ☒ Addition
4.2 NAME **Dave Erickson**
4.3 STREET ADDRESS **7285 Estapona Circle**
4.4 CITY-ST-ZIP **Fern Park, FL 32730**

TITLE **D** ☐ DELETE
NAME **ETHERIDGE, SAM**
STREET ADDRESS **3333 OLD WINTER GARDEN ROAD**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **D** ☐ DELETE
NAME **INGHRAM, GREGG**
STREET ADDRESS **5218 N. PINE HILLS ROAD**
CITY-ST-ZIP **ORLANDO FL**

6.1 TITLE ☐ Change ☐ 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; the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

April 20, 1998 407/831-6010

CR2E037 (10/97)