

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90190 003 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N12257**

1. Corporation Name

**MID FLORIDA UTILITIES & TRANSPORTATION CONTRACTORS ASSOCIATION, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 300 N. County Road 427

2a. Mailing Address

26 300 N. County Road 427

3. Date Incorporated or Qualified

11/21/1985

Suite, Apt. #, etc.

22 Suite 101

Suite, Apt. #, etc.

27 Suite 101

4. FEI Number

59-0796488

Applied For

Not Applicable

City & State

23

City & State

28

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

Zip

Country

24

Zip

Country

29

6. Election Campaign Financing ☐  
Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

300 North County Road 427, Suite 101

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

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

☐ DELETE

TITLE P  
NAME BULLINGTON, RICH  
STREET ADDRESS 990 MILLER DRIVE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

☐ DELETE

TITLE STD  
NAME REED, CHUCK  
STREET ADDRESS 590 FERGUSON DRIVE  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE VP  
NAME ERICKSON, DAVE  
STREET ADDRESS 7285 ESTAPONE CIR  
CITY-ST-ZIP FERN PARK FL 32730

☐ DELETE

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

☐ DELETE

TITLE D  
NAME INGHAM, GREGG  
STREET ADDRESS 5218 N. PINE HILLS ROAD  
CITY-ST-ZIP ORLANDO FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Past President ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE President ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Vice President ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Dave Shuman  
1936 Lee Road  
Winter Park, FL

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 617, 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:

**SIGNATURE REQUIRED**

4/19/99

407/831-6010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (1/198)