

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Aug 11 1997 8:00am  
Secretary of State

DOCUMENT # N95000001210 (2)

1. Corporation Name

NATIONAL DUCT MASTIC MANUFACTURERS ASSOCIATION,  
INC.



Principal Place of Business

Mailing Address

214 ROYAL OAK CIRCLE  
LONGWOOD FL 32779-3548

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LONGWOOD FL 32779-3548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/28/1995  
3a. Date of Last Report 07/02/1996

4. FEI Number 59-3302638  
Applied For Not Applicable

6. 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business  
21 926 Great Pond Drive

2a. Mailing Address  
26 926 Great Pond Drive

Suite, Apt. #, etc.  
22 Suite 1003

Suite, Apt. #, etc.  
27 Suite 1003

City & State  
23 Altamonte Springs, FL

City & State  
28 Altamonte Springs, FL

Zip  
24 32714

Country  
25 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Thomas A. Monahan  
82 Street Address (P.O. Box Number is Not Acceptable) 926 Great Pond Drive #1003  
83  
84 City Altamonte Springs FL 85 Zip Code 32714

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 *Thomas A. Monahan* DATE 8/2/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	BROGAN, KEVIN	P.O. BOX 547808 N/A	ORLANDO FL 32854-7808	<input type="checkbox"/>
D	PRATER, HARRY	2030 CENTURY CENTER BLVD STE 8	IRVING TX 75062	<input type="checkbox"/>
D	KAISER, LARRY	P.O. BOX 14669 N/A	HOUSTON TX 77221-4669	<input type="checkbox"/>
D	DAVIS, LYLE R	12682 CONSTRUCTION CIR. E	IRVINE CA 92714	<input type="checkbox"/>
D	DUQUETTE, HOLLY	PO BOX 029100 N/A	MIAMI FL 30102	<input type="checkbox"/>
D	ERICKSON, JAY	PO BOX 1239 N/A	WYLIE TX 75098	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

CR2E037 (4/97)