

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001210 (2)
 1. Corporation Name
NATIONAL DUCT MASTIC MANUFACTURERS ASSOCIATION, INC.



Principal Place of Business 926 GREAT POND DRIVE SUITE 1003 ALTAMONTE SPRINGS FL 32714 US	Mailing Address 926 GREAT POND DRIVE SUITE 1003 ALTAMONTE SPRINGS FL 32714 US
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3. Date Incorporated or Qualified 02/28/1995	
4. FEI Number 59-3302638	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

**MONAHAN, THOMAS A
 926 GREAT PON DRIVE #1003
 ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROGAN, KEVIN	1.2 NAME	
STREET ADDRESS	P.O. BOX 547606 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32854-7606	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRATER, HARRY	2.2 NAME	
STREET ADDRESS	2030 CENTURY CENTER BLVD STE 8	2.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75062	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAISER, LARRY	3.2 NAME	
STREET ADDRESS	P.O. BOX 14669 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77221-4669	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, LYLE R	4.2 NAME	
STREET ADDRESS	12682 CONSTRUCTION CIR. E	4.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 92714	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUQUETTE, HOLLY	5.2 NAME	
STREET ADDRESS	PO BOX 029100 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 30102	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICKSON, JAY	6.2 NAME	
STREET ADDRESS	PO BOX 1239	6.3 STREET ADDRESS	
CITY-ST-ZIP	WYLIE TX 75098	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

6.1.98

CR2E037 (10/97)