

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	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-3302638		

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

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	

9. Name and Address of Current Registered Agent MONAHAN, THOMAS A 926 GREAT PON DRIVE #1003 ALTAMONTE SPRINGS FL 32714	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
	85. Zip Code

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

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	D <input type="checkbox"/> DELETE
NAME	BROGAN, KEVIN
STREET ADDRESS	P.O. BOX 547606 N/A
CITY-ST-ZIP	ORLANDO FL 32854-7606
TITLE	D <input type="checkbox"/> DELETE
NAME	PRATER, HARRY
STREET ADDRESS	2030 CENTURY CENTER BLVD STE 8
CITY-ST-ZIP	IRVING TX 75062
TITLE	D <input type="checkbox"/> DELETE
NAME	KAISER, LARRY
STREET ADDRESS	P.O. BOX 14669 N/A
CITY-ST-ZIP	HOUSTON TX 77221-4669
TITLE	D <input type="checkbox"/> DELETE
NAME	DAVIS, LYLE R
STREET ADDRESS	12682 CONSTRUCTION CIR. E
CITY-ST-ZIP	IRVINE CA 92714
TITLE	D <input type="checkbox"/> DELETE
NAME	DUQUETTE, HOLLY
STREET ADDRESS	PO BOX 029100 N/A
CITY-ST-ZIP	MIAMI FL 30102
TITLE	D <input type="checkbox"/> DELETE
NAME	ERICKSON, JAY
STREET ADDRESS	PO BOX 1239
CITY-ST-ZIP	WYLIE TX 75098

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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)