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04-15-1999 90071 027 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N95000001210

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



2. Principal Place of Business

21 **900 Fox Valley Drive**

Suite, Apt. #, etc.

22 **Suite 201**

City & State

23 **Longwood, FL**

Zip

24 **32779**

25 **Seminole**

2a. Mailing Address

26 **900 Fox Valley Drive**

Suite, Apt. #, etc.

27 **Suite 201**

City & State

28 **Longwood, FL**

Zip

29 **32779**

30 **Seminole**

3. Date Incorporated or Qualified

02/28/1995

4. FEI Number

59-3302638

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

9. Name and Address of Current Registered Agent

MONAHAN, THOMAS A
 926 GREAT POND 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)
900 Fox Valley Drive #201

83

84 City **Longwood**

FL

85 Zip Code **32779**

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]

Thomas A. Monahan

4-8-99

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** DELETE

NAME **BROGAN, KEVIN**
 STREET ADDRESS **P.O. BOX 547606 N/A**
 CITY-ST-ZIP **ORLANDO FL 32854-7606**

TITLE **D** DELETE

NAME **PRATER, HARRY**
 STREET ADDRESS **2030 CENTURY CENTER BLVD STE 8**
 CITY-ST-ZIP **IRVING TX 75062**

TITLE **D** DELETE

NAME **KAISER, LARRY**
 STREET ADDRESS **P.O. BOX 14669 N/A**
 CITY-ST-ZIP **HOUSTON TX 77221-4669**

TITLE **D** DELETE

NAME **DAVIS, LYLE R**
 STREET ADDRESS **12682 CONSTRUCTION CIR. E**
 CITY-ST-ZIP **IRVINE CA 92714**

TITLE **D** DELETE

NAME **DUQUETTE, HOLLY**
 STREET ADDRESS **PO BOX 029100 N/A**
 CITY-ST-ZIP **MIAMI FL 30102**

TITLE **D** 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 Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE 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 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 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 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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-99

Date

Daytime Phone #

CR2E037 (11/98)