

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 15, 1999 8:00 am
Secretary of State

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

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

Country

25 USA

County

26 Seminole

2a. Mailing Address

26 900 Fox Valley Drive

Suite, Apt. #, etc.

27 Suite 201

City & State

28 Longwood, FL

Zip

29 32779

Country

30 USA

County

31 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)

83 900 Fox Valley Drive #201

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, typed or printed name of registered agent and title if applicable

Thomas A. Monahan

(NOTE: Registered Agent signature required when reinstating)

4-8-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME D
ERICKSON, JAY
STREET ADDRESS PO BOX 1239
CITY-ST-ZIP WYLLIE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-99

Date

Daytime Phone #

CR2E037 (11/98)