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Secretary of State
03-02-1999 90067 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **696825**

1. Corporation Name
BENCSIK ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3730 NE 42ND LANE OCALA FL 34479	3730 NE 42ND LANE OCALA FL 34479

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
07/30/1981

2. Principal Place of Business
21 2322 N.E. 29th Ave.

2a. Mailing Address
26 2322 N.E. 29th Ave.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State: Ocala, FL.

28 City & State: Ocala, FL.

24 Zip: 344703999 25 Country: Marion

29 Zip: 34470-3999 30 Country

4. FEI Number: 59-2152506 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HEATHERLY, PAM
3730 NE 42ND LANE
OCALA FL 34479

10. Name and Address of New Registered Agent

81 Name: Heatherly, Pam

82 Street Address (P.O. Box Number is Not Acceptable): 2322 N.E. 29th AVE.

83

84 City: Ocala FL 85 Zip Code: 344703999

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BENCSIK, JANET		1.2 NAME		
STREET ADDRESS	1801 S.W. 55TH LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 00000		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BENCSIK, WILLIAM L.		2.2 NAME		
STREET ADDRESS	1801 S.W. 55TH LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 00000		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	LYNCH, LINDA		3.2 NAME		
STREET ADDRESS	3816 S.E. 49TH LANE		3.3 STREET ADDRESS	4819 S.E. 14th St.	
CITY-ST-ZIP	OCALA, FL 00000		3.4 CITY-ST-ZIP	Ocala, FL. 34471	
TITLE	T	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	HEATHERLY, PAM		4.2 NAME		
STREET ADDRESS	3730 NE 42ND LANE		4.3 STREET ADDRESS	61 N.W. 56th St.	
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP	Ocala, FL. 3447S	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 607, 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: Pam Heatherly, Pam Heatherly, Treasurer 1.5.99 352-732-9775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)