

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90033 039 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 475428

1. Corporation Name
BRODEC, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
28 PERRY AVENUE, S.E.
FT WALTON BEACH FL 32548

Mailing Address
28 PERRY AVENUE, S.E.
FT WALTON BEACH FL 32548

3. Date Incorporated or Qualified

05/08/1975

2. Principal Place of Business
21 11 Windemere Court

2a. Mailing Address
26 11 Windemere Court

4. FEI Number
59-1631595

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country

Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DECKERT, RONALD A
28 PERRY AVENUE, S.E.
FT WALTON BCH, FL
32548

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
502 Pocahontas
83
84 City
FL 85 Zip Code
32547

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECKERT, RONALD A	1.2 NAME	
STREET ADDRESS	28 PERRY AVENUE, S.E.	1.3 STREET ADDRESS	502 Pocahontas Drive
CITY-ST-ZIP	FT WALTON BCH, FL 00000	1.4 CITY-ST-ZIP	32547
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECKERT, ROBERT P	2.2 NAME	
STREET ADDRESS	918 POCAHONTUS	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH, FL 00000	2.4 CITY-ST-ZIP	32547
TITLE	DP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECKERT, FRANK L	3.2 NAME	
STREET ADDRESS	11 WINDEMERE CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH, FL 00000	3.4 CITY-ST-ZIP	32547
TITLE	STD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECKERT, THOMAS	4.2 NAME	
STREET ADDRESS	1 DOGWOOD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR FL	4.4 CITY-ST-ZIP	32579
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 850-2435219
Date Daytime Phone #

CR2E034 (11/98)