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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700001146

1. Corporation Name

BECHTOLD INSURANCE AGENCY, INC.

Principal Place	of	Business
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FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90027 013 ***150.00

Principal Place	e of Business	Ма	iling Address				
16315 EAST CO	ourse dr.	163	15 EAST COURSE D	R.			•
TAMPA FL 336	24	TAN	APA FL 33624				DO NOT WOITE IN THE COACE
							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
							03/05/1997
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number Applied For
21		26					36-2808795 Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		_ 27					Fee Required
City & State	e		City & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	Country		Zip	С	ountry		8. This corporation owes the current year Intangible
24	25	29		30			Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Currer	nt Regist	ered Agent		T	·	10. Name and Address of New Registered Agent
					81	Name	
BEC	HTOLD, EDWARD C						
1631	15 EAST COURSE DR.				82	Street	Address (P.O. Box Number is Not Acceptable)
	PA FL 33624				83		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				"		
					84	City	85 Zip Code
					!	<u> </u>	FL T
11. Pursuant	to the provisions of Sections 607.050	2 and 60	7.1508, Florida Sta	tutes, the	above	-named	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	tions of	Section 607.0505,	Florida St	tatutes		oration's board or directors, Priciony according appointment as regionaled
SIGNATURE							
SIGNATURE							
	Signature, typed or printed name of registered ager	nt and title if	applicable. (NO	OTE: Registe	red Agen	t signature n	required when reinstating) DATE
12.	Signature, typed or printed name of registered ages OFFICERS AN			OTE: Registe		t signature n	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. ππε				1		t signature n	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	PCD OFFICERS AN		CTORS	1.1	3.	t signature n	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DIRECTOR Addition
TITLE NAME	PCD BECHTOLD, EDWARD C		CTORS	1.1 1.1 1.2	3. I TITLE I NAME		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DIRECTOR Change Addition Theresa A Las
TITLE NAME STREET ADDRESS	PCD BECHTOLD, EDWARD C 16315 EAST COURSE DR.		CTORS	1; 1,1 1,2 1,3	3. I TITLE NAME 3 STREET	ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DIRECTOR Change Addition Theresa A Las
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PCD BECHTOLD, EDWARD C 16315 EAST COURSE DR. TAMPA FL 33624 SD		CTORS	1: 1.1 1.2 1.3 1.4 2.1	3. I TITLE NAME STREET CITY-ST	ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DIRECTOR Change Addition Theresa A. Las AO252 Traice Dr. Pr. Charlotte, Fl. 33952 Change Paddition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PCD BECHTOLD, EDWARD C 16315 EAST COURSE DR. TAMPA FL 33624 SD BECHTOLD, MARTHA A 16315 EAST COURSE DR.		CTORS DELETE	11: 1.1 1.2 1.3 1.4 2.1 2.2 2.3	3. I TITLE NAME STREET GITY-ST ITITLE NAME NAME NAME	ADDRESS 7-ZiP ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DIRECTOR Change Addition Theresa A. Was AURENT TRAINCE DI. PT. Charlotte, Fl. 33952 Charge Charlotte CARYL C. DOETSCH
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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: