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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K65224

1. Corporation Name

RODERICK V. PRECHTL JR., P.A.

HODEIII	SK VI (12011) L OID, L OV						
Principal Plac	e of Business	Mailing Address		-		,	
C/O RODERICK V. PRECHTL JR.		C/O RODERICK V. PRECHTL JR.					
38 OAKMONT CIR		P O BOX 2505 ORMOND BEACH FL 32175-505		DO NOT WRITE IN THIS SPACE			
ORMOND BEACH FL 32174 US		US	U		3. Date Incorporated or Qualifed		
03					02/13/1989		
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>	ied For
21		26	_		59-2927353		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	- \$8.75 Ad Fee Req		
22		27					
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00 M Added to	· 1
23		28		Trust Fund Contribution		F665	
Zip	Country	Zip	Country		 This corporation owes the current ye Personal Property Tax. 	arimangiole ∏Yes [JNo
24	25	29 30	0		10. Name and Address of New Regist		
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Italia dia Addiso di		
DDE	CHTL, RODERICK V. JR.					<u> </u>	
38 OAKMONT CIR			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	MOND BEACH FL 32174		83				
URK	NOND BEACH PE 32174		03				_
			84	City		FL 85 Zip C	ode
	registered agent, or both, in the State am familiar with, and accept the obliga :	ations of, Section 607.0505, Florid	la Statutes		ec when tellisearily	πε	
	Signature, typed or printed name of registered age	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12
12.	PD	☐ DELETE	1,1 TITLE			☐ Change	☐ Addition
NAME	PRECHTL, RODERICK V. JR.		1.2 NAME				•
STREET ADDRESS	AA AAMMANIT OID		1.3 STREE	TADDRESS			
	ORMOND BEACH FL 32174		1.4 CITY-S	T-ZIP			
CITY-ST-ZIP TITLE	OTHER DESCRIPTION	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME.	22		2.2 NAME				
STREET ADDRES	s		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	~ [2.4 CITY-	ST-ZIP			- Addition
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME	ļ			
STREET ADDRES	s		3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		☐ Change	Addition
TITLE	_, ==:		4.1 TITLE			☐ Change	
NAME			4. 2 NAME				
STREET ADDRES	s						
			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	T ADDRESS		☐ Change	☐ Addition
TITLE		☐ OELETE	4.4 CΠY-5 5.1 TITLE	T ADDRESS ST-ZIP		☐ Change	Addition
		☐ OELETE	4.4 CITY-5 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP		☐ Change	Addition
TITLE	ss	☐ OELETE	4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS ST-ZIP ST ADDRESS		☐ Change	Addition
TITLE NAME	ss		4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-1	T ADDRESS ST-ZIP ST ADDRESS			Addition
TITLE NAME STREET ADDRES	35	☐ DELETE	4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-6 6.1 TITLE	T ADDRESS ST-ZIP ST ADDRESS ST-ZIP		☐ Change	
TITLE NAME STREET ADDRES CITY-ST-ZIP	55		4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-5 6.1 TITLE 6.2 NAME	T ADDRESS ST-ZIP ST ADDRESS ST-ZIP			

6.4 CITY-ST-ZIP

STREET ADDRESS

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.