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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600005643

1. Corporation	n Name	000010			
BECHTO). INC.				
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Principal Place	e of Business	Mailing Address		- I PORINGER HA CHISH BININ GRAND RAND CONTRA	IB)IL BBIAI BIILB AIIII AIAAN XIII IABI
6353 MARYPORT LANE 6353 MARYPORT LANE					
SARASOTA FL 34241 SARASOTA FL 34241				•	
				DO NOT WRITE IN T	HIS SPACE
				3. Date incorporated or Qualifed	•
				01/18/1996	\
2. Principal P	lace of Business	2a. Mailing Address	•	4. FEI Number	Applied For
21		26		65-0466624	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22	·	27			
City & Stat	€ .	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	0	28	Country	Trust Fund Contribution	
Zip	Country	Zip	·	This corporation owes the current year Personal Property Tax.	Yes No
24	25	29 29 Agent	30	10. Name and Address of New Registe	
	9. Name and Address of Curren		81 Name	10. Hallie and Address of New Program	
COT	TER, CHARLES L	r sydrager sport in the r			
SEC 1716 WAXWING CIRCLE		82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
	ICE FL 34293		83	The state of the s	加强人员会员和特别的
		` `		。 	
			84 City	***************************************	85 Zip Code
44 5	to the provisions of Sections 507.050	22 and 607 1508 Florida Statute	s the above-named con	poration submits this statement for the nurpos	e of changing its registered
office or r	egistered agent, or both, in the State	of Florida. Such change was at	thorized by the corporat	poration submits this statement for the purpos ion's board of directors. I hereby accept the a	ppointment as registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Fior	nda Statutes.		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agent signature requir	red when reinstating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1,1 TITLE	65-0466624	☐ Change ☐ Addition
NAME	COTTER, CHARLES L		1.2 NAME	Same of the Same of	
STREET ADDRESS	1716 WAXWING CIRCLE		1.3 STREET ADDRESS		1
CITY-ST-ZIP	VENICE FL 34293		1,4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BECHTEL, RODNEY E		2.2 NAME		
STREET ADORESS	6353 MARYPORT LANE		2.3 STREET ADDRESS	· ,	
-CITY-ST-ZIP	-SARASOTA FL-34241		2:4 CITY: ST-ZIP - ~ = ==	. —	عصمت المليدين
TITLE 510.	and the second s	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
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STREET ADDRESS	- 原本の行列 アルレコ	•	3.2 NAME		
CITY-ST-ZIP		•	3.2 NAME 3.3 STREET ADDRESS	er a river on entire the income and the second	ショア・5 - 1 # 6 Avi (名)連載 (報) 標準 -
	OF PL \$128		3.3 STREET ADDRESS		建设计分割器期間
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TITLE			3.3 STREET ADDRESS 3.4. CITY: ST-ZIP		Change Addition
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NAME (SHEET ADDRESS	f 1,000 P		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME		Change Addition
TITLE NAME (SHARE)	f 1,000 P	89 16 23 T	3.3 STREET ADDRESS 3.4. CITY- ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		Change Addition ☐ Change ☐ Addition
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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, on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

an address, with all other like empowered.

WHITE ROTURY E. BECHTEL 1. F. 9

(941) 925-8818

Daytime Phone #

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90026 046 ***150.00