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FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000074349 (7)

1. Corporation Name
PECHACEK & ASSOCIATES, INC.



Principal Place of Business

1430 MANCHESTER AVENUE Street
ORLANDO FL 32804

Mailing Address

1430 MANCHESTER AVENUE Street
ORLANDO FL 32804-3514

3. Date Incorporated or Qualified
08/30/1996

3a. Date of Last Report
NA

2. Principal Place of Business
21 1430 MANCHESTER Street

2a. Mailing Address
26 1430 MANCHESTER Street

4. FEI Number
59-399955

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 Orlando, FL

City & State

28 Orlando, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 32804-3514

Country

25 Orange

Zip

29 32804-3514

Country

30 Orange

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PECHACEK, VICTOR R.
1430 MANCHESTER AVENUE
ORLANDO FL 32804

Spelling correction →
Address correction →

10. Name and Address of New Registered Agent

81 Name Victor R. Pechacek
82 Street Address (P.O. Box Number is Not Acceptable)
1430 MANCHESTER Street

83

84 City

Orlando

FL

85 Zip Code

32804-3514

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

TITLE PD
NAME PECHACEK, VICTOR R
STREET ADDRESS 1430 MANCHESTER AVENUE
CITY-ST-ZIP ORLANDO FL 32804 ☐ DELETE

TITLE STD
NAME PECHACEK, DEBORAH S
STREET ADDRESS 1430 MANCHESTER AVENUE
CITY-ST-ZIP ORLANDO FL 32804 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1430 MANCHESTER Street
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1430 MANCHESTER Street
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 in an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED Victor R. Pechacek 2/5/97 407-422-8265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)