

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:00

DOCUMENT # **G73022** (7)
1. Corporation Name
VALVE AMPLIFICATION COMPANY

Principal Place of Business Mailing Address
% STEVEN H. JUDD
2940 S TAMAMI TRAIL
SARASOTA FL 34231-1105
% STEVEN H. JUDD
2940 S TAMAMI TRAIL
SARASOTA FL 34231-1105

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 164 SARASOTA CENTER BLVD 26 164 SARASOTA CENTER BLVD
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
27
City & State City & State
23 SARASOTA, FLORIDA 28 SARASOTA, FLORIDA
Zip Country Zip Country
24 34240-9257 25 USA 29 34240-9257 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
12/05/1983 02/22/1994
4. FEI Number Applied For
59-2362610 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
JUDD, STEVEN H.
2940 S. TAMAMI TRAIL
SARASOTA FL 34231

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	DPT
NAME	HAYES, KEVIN M.
STREET ADDRESS	4571 W. ROBINHOOD TRAIL
CITY - ST - ZIP	SARASOTA FL
TITLE	VS
NAME	HAYES, CHANNING W.
STREET ADDRESS	4571 W. ROBINHOOD TRAIL
CITY - ST - ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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, 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 of this report, or on my attachment with an address.

SIGNATURE: *Channing W. Hayes* CHANNING W. HAYES, V.P. 2-8-95 813-377-7884
(Signature and Title of Printing Office or Printing Officer or Director) (Date) (Phone No.)