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**FILED**  
**Feb 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **G73022**

**(7)**

1. Corporation Name  
**VALVE AMPLIFICATION COMPANY**



Principal Place of Business

Mailing Address

**807 BACON STREET  
 DURHAM NC 27703  
 US**

**807 BACON SREET  
 DURHAM NC 27703  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**JUDD, STEVEN H.  
 2940 S. TAMAMI TRAIL  
 SARASOTA FL 34231**

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 607.01(1) and 607.01(2)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the principal place of business of the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent for Florida with a mailing address as stated above. (Section 607.01(2)(b), Florida Statutes)

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETED
NAME	HAYES, KEVIN M.	
STREET ADDRESS	4571 W. ROBINHOOD TRAIL	
CITY, ST, ZIP	SARASOTA FL	
TITLE	VS	<input type="checkbox"/> DELETED
NAME	HAYES, CHANNING W.	
STREET ADDRESS	4571 W. ROBINHOOD TRAIL	
CITY, ST, ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

(Delete Rows not Applicable or require (b) when not adding)

(DATE)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAYES, KEVIN M.		
STREET ADDRESS	902 PARK RIDGE ROAD, APT A7		
CITY, ST, ZIP	DURHAM, NC 27713		
TITLE	VS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAYES, CHANNING W.		
STREET ADDRESS	904 PARK RIDGE ROAD, APT B7		
CITY, ST, ZIP	DURHAM, NC 27713		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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)(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 or the registered agent for the corporation to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the filing of this report with the Secretary of State.

SIGNATURE: *Kevin M. Hayes* C. W. HAYES

1-29-98

919-596-1107

CR2E034 (10/97)