

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 481021 (4)

1. Corporation Name

VALUE LINE CONSTRUCTION CORPORATION

Principal Place of Business

~~30 SKYLINE DRIVE~~
~~LAKE MARY FL 32746~~
US

Mailing Address

~~30 SKYLINE DRIVE~~
~~LAKE MARY FL 32746~~
US



3. Date Incorporated or Qualified
07/23/1975

3a. Date of Last Report
05/01/1995

4. FEI Number
59-1626419

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 2170 W. SR 434

26 2170 W. SR 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste 420

27 Ste 420

City & State

City & State

23 Longwood, FL

28 Longwood, FL

Zip

Country

Zip

Country

24 32779

25 USA

29 32779

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOWD, E. MICHAEL
30 SKYLINE DRIVE
LAKE MARY FL 32746

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

Signature typed or printed (Name of registered agent and official capacity)

NOTE: Registered Agent Signature required on new filings.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V
NAME DOWD, J STEVEN
STREET ADDRESS 1183 EN COURTE GREEN
CITY-ST-ZIP APOPKA FL ☐ DELETE

TITLE P
NAME DOWD, E MICHAEL
STREET ADDRESS 734 FAIR OAKS LANE
CITY-ST-ZIP MAITLAND FL ☐ DELETE

TITLE S
NAME ORR, JENNY
STREET ADDRESS 1554 ROYAL CIRCLE
CITY-ST-ZIP APOPKA FL ☐ 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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. MICHAEL DOWD
PRESIDENT, VALUE LINE 4/29/96 407-801-6560

CR2E034 (12/95)