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**May 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **481021** (4)
1. Corporation Name
VALUE LINE CONSTRUCTION CORPORATION



Principal Place of Business: ~~2170 W CR 434 STE 400 LONGWOOD FL 32779 US~~
Mailing Address: ~~2170 W CR 434 STE 430 LONGWOOD FL 32779-4983 US~~

3. Date Incorporated or Qualified: **07/23/1975**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-1626419**
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: 21 2101 West SR. 434, Suite Apt. #, etc: 22 103, City & State: 23 Longwood FL, Zip: 24 32779, Country: 25 Seminole
2a. Mailing Address: 26 2101 West SR. 434, Suite, Apt. #, etc: 27 103, City & State: 28 Longwood FL, Zip: 29 32779, Country: 30 Seminole

9. Name and Address of Current Registered Agent: ~~DOWD, E. MICHAEL 30 SKYLINE DRIVE LAKE MARY FL 32746~~ 734 FAIR OAKS LANE MAITLAND, FL 32751
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: **FL**

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: *E. Michael Dowd* (NOTE: Registered Agent signature required when reissuing) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWD, J STEVEN	1.2 NAME	Dowd, D. Douglas
STREET ADDRESS	1183 EN COURTE GREEN	1.3 STREET ADDRESS	2101 West S.R. 434, Suite 103
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	Longwood, FL 32779
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWD, E MICHAEL	2.2 NAME	
STREET ADDRESS	734 FAIR OAKS LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORR, JENNY	3.2 NAME	Wilson, Joan E.
STREET ADDRESS	1554 ROYAL CIRCLE	3.3 STREET ADDRESS	806 CRAIG ST.
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: *E. Michael Dowd* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: **4/30/97** 407-865-7293
DAYTIME PHONE: **407-865-7293**

CR2E034 (9/96)