

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90172 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 481021

1. Corporation Name
VALUE LINE CONSTRUCTION CORPORATION



Principal Place of Business Mailing Address
~~2101 W SR 434~~ ~~2101 W SR 434~~
~~103~~ ~~103~~
~~LONGWOOD FL 32779~~ ~~LONGWOOD FL 32779~~
 US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 366 E. GRAVES Ave 26 366 E. GRAVES Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 Suite B 27 Suite B
 City & State City & State
 23 Orange City, FL 28 Orange City, FL
 Zip Country Zip Country
 24 32763 25 Volusia 29 32763 30 Volusia

3. Date Incorporated or Qualified
07/23/1975

4. FEI Number
59-1626419

5. Certificate of Status Desired Applied For
 Not Applicable **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
DOWD, E. MICHAEL
~~734 FAIR OAKS LANE~~
~~MATLAND FL 32751~~

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
366 E. GRAVES Ave
 83 **Suite B**
 84 City **ORANGE City** FL 85 Zip Code **32763**

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 if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, DOWD D	1.2 NAME	
STREET ADDRESS	2101 W SR 434, SUITE 103	1.3 STREET ADDRESS	366 E. GRAVES Ave Suite B
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	ORANGE City, FL, 32763
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OK DOWD, E MICHAEL	2.2 NAME	
STREET ADDRESS	2101 WEST SR 434, SUITE 103	2.3 STREET ADDRESS	366 E. GRAVES Ave Suite B
CITY-ST-ZIP	LONGWOOD FL 32779	2.4 CITY-ST-ZIP	ORANGE City, FL, 32763
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JOAN E	3.2 NAME	
STREET ADDRESS	2101 WEST SR 434, SUITE 103	3.3 STREET ADDRESS	366 E. GRAVES Ave Suite B
CITY-ST-ZIP	LONGWOOD FL 32779	3.4 CITY-ST-ZIP	ORANGE City, FL, 32763
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 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, with all other like empowered.

SIGNATURE: E. Michael Dowd DATE: 4-30-99 (904) 774-9318
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)