

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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90172 026 \*\*\*150.00

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~~  
~~103~~  
~~LONGWOOD FL 32779~~  
 US

~~2101 W SR 434~~  
~~103~~  
~~LONGWOOD FL 32779~~  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **366 E. GRAVES Ave**

2a. Mailing Address

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

Zip

Country

Country

24 **32763**

25 **Volusia**

29 **32763**

30 **Volusia**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**07/23/1975**

4. FEI Number

**59-1626419**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
 Added to Fees

8. This corporation owes the current year Intangible  
 Personal Property Tax.

☐ Yes

☐ No

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 **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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE

NAME **DOUGLAS, DOWD D**

STREET ADDRESS **2101 W SR 434, SUITE 103**

CITY-ST-ZIP **LONGWOOD FL**

TITLE **P** ☐ DELETE

NAME **OK DOWD, E MICHAEL**

STREET ADDRESS **2101 WEST SR 434, SUITE 103**

CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **S** ☐ DELETE

NAME **WILSON, JOAN E**

STREET ADDRESS **2101 WEST SR 434, SUITE 103**

CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **366 E. GRAVES Ave Suite B**

1.4 CITY-ST-ZIP **Orange City, FL 32763**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **366 E. GRAVES Ave Suite B**

2.4 CITY-ST-ZIP **Orange City, FL 32763**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS **366 E. GRAVES Ave Suite B**

3.4 CITY-ST-ZIP **Orange City, FL 32763**

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 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** **4-30-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(904) 774-9318**

Daytime Phone #

CR2E034 (11/98)