

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 488367 (4)

1. Corporation Name

VALLEY OF THE PINES, INC.

Principal Place of Business

3629 PEBBLE LANE
MILTON FL 32583
US

Mailing Address

3629 PEBBLE LANE
MILTON FL 32583
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/24/1975

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1691725

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

21 851 Wild Pine Road

Suite, Apt. #, etc.

2a. Mailing Address

26 851 Wild Pine Road

Suite, Apt. #, etc.

City & State

23 Mims FLORIDA

Zip

32754

Country

25 U.S.A.

City & State

28 Mims FLORIDA

Zip

32754

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

METZGER, DOROTHY M.
116-B HOLMES DR
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

851 Wild Pine Road

83

84 City Mims

FL

85 Zip Code 32754

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

Dorothy M. Metzger DOROTHY M. METZGER PRES.

2/20/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

PD
METZGER, DOROTHY M.
3629 PEBBLE LANE
MILTON FL
TS
METZGER, MARY K.
3629 PEBBLE LANE
MILTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition
851 Wild Pine Road
Mims FL 32754
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

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: PDOROTHY M. METZGER Dorothy M. Metzger (Pres.) 2/20/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #