

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 5-1-96

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35717 C

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

3. Date Incorporated or Qualified

10/24/1975

3a. Date of Last Report

08/10/1995

2. Principal Place of Business

21 851 WILD PINE RD

Suite, Apt. #, etc.

2a. Mailing Address

26 851 WILD PINE RD

Suite, Apt. #, etc.

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

22 City & State

23 MIMS, FL

24 Zip 32754

25 Country USA

27 City & State

28 MIMS, FL

29 Zip 32754

30 Country USA

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)

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 *Dorothy M. Metzger* DOROTHY M. METZGER

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 PD
NAME METZGER, DOROTHY M.
STREET ADDRESS 3629 PEBBLE LANE
CITY-ST-ZIP MILTON FL

☐ DELETE

TITLE TS
NAME METZGER, MARY K.
STREET ADDRESS 3629 PEBBLE LANE
CITY-ST-ZIP MILTON FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME DOROTHY M. METZGER
1.3 STREET ADDRESS 851 WILD PINE RD
1.4 CITY-ST-ZIP MIMS, FL 32754

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ 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: *Dorothy M. Metzger* DOROTHY M. METZGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/96

Date

407-349-0808

Daytime Phone #

CR2E034 (12/95)