

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 623845 (5)
1. Corporation Name
VALLEY MORTGAGE AND INVESTMENT CORPORATION



Principal Place of Business
609 CEDAR CREEK GRADE
STE A
WINCHESTER VA 22601

Mailing Address
609 CEDAR CREEK GRADE
STE A
WINCHESTER VA 22601

3. Date Incorporated or Qualified
06/05/1979

3a. Date of Last Report
03/22/1995

4. FEI Number
54-0790729

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. 199.042,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

CESNIK, MIMI M.
609 CEDAR CREEK GRADE
STE A
WINCHESTER VA 22601

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

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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 607.0605, Florida Statutes.

SIGNATURE: *Mimi M. Cesnik*
Signature typed or printed here in of registered agent and title. If applicable.

(NOTE: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
P	CESNIK, MIMI M.	609 CEDAR CREEK GRADE SUITE A	WINCHESTER VA	☐
T	MOLDEN, ED L	609 CEDAR CREEK GRADE SUITE A	NAPLES FL	☐
S	RICHARDSON, KAREN R.	609 CEDAR CREEK GRADE SUITE A	WINCHESTER VA	☐
VS	MOLDEN, ED L	609 CEDAR CREEK GRADE SUITE A	WINCHESTER VA	☐
V	MOLDEN, CHRISTOPHER A	609 CEDAR CREEK GRADE SUITE A	WINCHESTER VA	☐
				☐

13.

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

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: *Karen R. Richardson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96 540-667-3900
Date Date of Filing

CR2E034 (12/95)