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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 FEB 26 AM 11:56.

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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



Principal Place of Business Mailing Address  
609 CEDAR CREEK GRADE  
STE A  
WINCHESTER VA 22601  
609 CEDAR CREEK GRADE  
STE A  
WINCHESTER VA 22601-2721

3. Date Incorporated or Qualified 06/05/1979 3a. Date of Last Report 03/12/1996  
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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

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) 800002107446--7  
83 03/07/97-01075-001  
\*\*\*\*165.00 \*\*\*\*165.00  
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

Signature: Type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	CESNIK, MIMI M.	609 CEDAR CREEK GRADE SUITE A	WINCHESTER VA	<input type="checkbox"/>
T	MOLDEN, ED L	609 CEDAR CREEK GRADE SUITE A	NAPLES FL	<input type="checkbox"/>
S	RICHARDSON, KAREN R.	609 CEDAR CREEK GRADE SUITE A	WINCHESTER VA	<input checked="" type="checkbox"/>
VS	MOLDEN, ED L	609 CEDAR CREEK GRADE SUITE A	WINCHESTER VA	<input type="checkbox"/>
V	MOLDEN, CHRISTOPHER A	609 CEDAR CREEK GRADE SUITE A	WINCHESTER VA	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
2.1	MOLDEN, ED L.	609 CEDAR CREEK GRADE SUITE A	WINCHESTER, VA 22601	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1	DAWN R. BURKHART	609 CEDAR CREEK GRADE SUITE A	WINCHESTER, VA 22601	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE: Mimi M. Cesnik, MIMI M. CESNIK, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-27-97

Daytime Phone # 540-467-3900

CR2E034 (9/96)