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**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandia B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 674970

(9)

1. Corporation Name

VALLEY INN, INC.

Principal Place of Business

**2773 BEE RIDGE ROAD
SARASOTA FL 34239**

Mailing Address

**2773 BEE RIDGE ROAD
SARASOTA FL 34239**



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**DELORENZO, JERRY
2773 BEE RIDGE ROAD
SARASOTA, FLORIDA**

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

Signature of the person who is appointed to be the registered agent

Signature of the person who is appointed to be the registered agent

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
DELORENZO, JERRY
2773 BEE RIDGE RD
SARASOTA FL**

2. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

3. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

4. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

5. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

6. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

☐ 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 treasurer or trustee or 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:

Jerry De Lorenzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96
DATE

941
921-3200
TELEPHONE NUMBER

CR2E034 (12/95)