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May 05, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004086

1. Corporation Name

VALLEY NATIONAL FINANCIAL SERVICES COMPANY

Principal Place of Business

**8675 HIDDEN RIVER PKWY
SUITE 150
TAMPA FL 33637
US**

Mailing Address

**C/O CORPORATE TAX SERVICES
PO BOX 710252
COLUMBUS OH 43271-252
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1993

4. FEI Number

86-0407708

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

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

**TATELBAUM, CHARLES M.
911 CHESTNUT STREET
CLEARWATER FL 34616**

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

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 ☐ DELETE
NAME **PDT WILEMON, WILLIAM P**
STREET ADDRESS **1600 E NORTHERN AVE STE 125**
CITY-ST-ZIP **PHOENIX AZ**

TITLE ☐ DELETE
NAME **D JOHN T BYRD**
STREET ADDRESS **241 N CENTRAL AVE**
CITY-ST-ZIP **PHOENIX AZ 85001**

TITLE ☐ DELETE
NAME **AS BRUNS, ROBERT W**
STREET ADDRESS **241 N CENTRAL AVE 36TH FL**
CITY-ST-ZIP **PHOENIX AZ**

TITLE ☒ DELETE
NAME **VP PAUL RULE**
STREET ADDRESS **241 N CENTRAL AVE**
CITY-ST-ZIP **PHOENIX AZ 85001**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Vice President**
4.3 STREET ADDRESS **Richard Anderson**
4.4 CITY-ST-ZIP **241 North Central Avenue
Phoenix, AZ 85001**

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

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

14. I 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, with all other like empowered.

SIGNATURE:

Paul Rule
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Besece

April 29, 1999

614 248-6818

Date

Daytime Phone #

CR2E034 (11/98)