

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90020 023 \*\*\*150.00

DOCUMENT # F98000003528

1. Corporation Name

VALUE FINANCIAL SERVICES, INC.

Principal Place of Business

101 SUNNYTOWN ROAD, STE 310  
CASSELBERRY FL 32707

Mailing Address

101 SUNNYTOWN ROAD, STE 310  
CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1998

4. FEI Number

62-1572056

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITTLE, BRAD  
101 SUNNYTOWN ROAD, STE 310  
CASSELBERRY FL 32707

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME THEDFORD, JOHN  
STREET ADDRESS 101 SUNNYTOWN ROAD, STE 310  
CITY-ST-ZIP CASSELBERRY FL

☐ DELETE

TITLE VD  
NAME WHITTLE, BRAD  
STREET ADDRESS 101 SUNNYTOWN ROAD, STE 310  
CITY-ST-ZIP CASSELBERRY FL

☐ DELETE

TITLE V  
NAME JOHNS, DAVID  
STREET ADDRESS 101 SUNNYTOWN ROAD, STE 310  
CITY-ST-ZIP CASSELBERRY FL

☐ DELETE

TITLE SD  
NAME LYNCH, TERRY  
STREET ADDRESS 101 SUNNYTOWN ROAD, STE 310  
CITY-ST-ZIP CASSELBERRY FL

☐ DELETE

TITLE D  
NAME HYNEMAN, J K  
STREET ADDRESS 1364 CORDOVA COVE  
CITY-ST-ZIP GERMANTOWN TN

☐ DELETE

TITLE D  
NAME MORRIS, WILLIAM N  
STREET ADDRESS 779 WALNUT KNOLL LANE, STE 210  
CITY-ST-ZIP CORDOVA TN

☐ DELETE

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

☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-13-99

407-339-0064

CR2E034 (11/98)

0068875