

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G15663 (9)

1. Corporation Name

VILLAGE VENTURES, INC.



Principal Place of Business

Mailing Address

3070 BLANDING BLVD.
~~P.O. BOX 993~~
MIDDLEBURG FL 32068
US

3070 BLANDING Blvd.
~~P.O. BOX 993~~
MIDDLEBURG FL 32068
US

3. Date Incorporated or Qualified

12/29/1982

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Please remove

22 City & State 27 PO Box

23 Zip 28 City & State

24 Country 25 Country 29 Zip 30 Country

4. FEI Number

59-2240791

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUKE, CAROLYN M.
3070 BLANDING BLVD
~~P.O. BOX 993~~
MIDDLEBURG FL 32068

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Please remove PO Box

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 SD ☐ DELETE
NAME DUKE, CAROLYN M.
STREET ADDRESS 6045 SR 21
CITY - ST - ZIP KEYSTONE HEIGHTS FL

TITLE PD ☐ DELETE
NAME DUKE, JOSEPH M
STREET ADDRESS 6045 SR 21
CITY - ST - ZIP KEYSTONE HEIGHTS FL

TITLE VP ☐ DELETE
NAME RHODEN, LAVADA
STREET ADDRESS 7633 WILSON COTYS
CITY - ST - ZIP JACKSONVILLE FL

TITLE DT ☐ DELETE
NAME CERCY, RONALD A.
STREET ADDRESS 4842 CR 218 W
CITY - ST - ZIP MIDDLEBURG FL

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

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96 904 282 5934
Day Daytime Phone #

CR2E034 (12/95)