

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

**APPROVED
AND
FILED**

95 MAY 11 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # G28567

(7)

1. Corporation Name

VALENTIN HOME BUILDERS, INC.

Principal Place of Business

**POST OFFICE BOX 506
PORT SALERNO FL 34992**

Mailing Address

**POST OFFICE BOX 506
PORT SALERNO FL 34992**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/21/1983

3a. Date of Last Report
03/10/1994

4. FEI Number
59-2336684

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 a wrongful act under § 139.005,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**VALENTIN, WENDEL
5150 SE HARROLD TER
STUART FL 34997**

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 of registered agent or registered agent acting in place of corporation)

(Signature of Agent (registered agent) after incorporation)

(Date)

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY, ST, ZIP

**P
VALENTIN, WENDEL
5150 SE HARROLD TER
STUART FL**

12.2

NAME

STREET ADDRESS

CITY, ST, ZIP

**VP
VALENTIN, LILLIAN
5150 SE HARROLD TERR
STUART FL**

12.3

NAME

STREET ADDRESS

CITY, ST, ZIP

12.4

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6

NAME

STREET ADDRESS

CITY, ST, ZIP

12.7

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.2

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.3

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.4

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☐ Change ☐ Addition

13.5

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☐ Change ☐ Addition

13.6

NAME

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CITY, ST, ZIP

☐ Change ☐ Addition

13.7

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 1807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lillian Walentin *Lillian Walentin*

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/95

407/287-3834