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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

ANN	RPORATION JAL REPORT 1998	Sandra B. Secretary	Ment of State Mortham y of State ORPORATIONS	Jan 28 1998 8:00am Secretary of State
	MENT # H21528 VAL CONTRACTORS, INC.	3 (5)		
Principal Plac	e of Business	Mailing Address		
200 S WASHINGTON BLVD		200 S WASHINGTON BLVD		
PO BOX 4291 SARASOTA F		PO BOX 4297 SARASOTA FL 34290		DO NOT WRITE IN THIS SPACE
ļ				3. Date Incorporated or Qualified
2. Principal P	lace of Business	2a. Mailing Address		09/18/1984 4. FEI Number Applied For
21		26		59-2446479 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired \$8.75 Additional
City & Stat	ė	City & State		ree nequired
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Current		30	Personal Property Tax due June 30. X Yes No 10. Name and Address of New Registered Agent
PIC	KLE, KEITH		81 Name	
200 S WASHINGTON BLVD			82 Street Add	ress (P.O. Box Number is Not Acceptable)
SARASOTA FL 34236			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				
12.	OFFICERS AND		Registored Agent signature requi	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PICKLE, KEITH A.		1.2 NAME	
STREET ADDRESS	1740 ALDERMAN ST #9		1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	SARASOTA FL DS	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Addition
NAME	MCDEVITT, WILLIAM J.	_	2.2 NAME	
STREET ADDRESS	7508 WEEPING WILLOW DR		2.3 STREET ADDRESS	a
CITY-ST-ZIP TITLE	SARASOTA FL	DELETE	2. 4 CITY-ST-ZIP	Change T Addition
NAME			3.1 TITLE 3.2 NAME	Change Addition
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
NAME		ے محدید	6.2 NAME	E Griange E Accilluit
STREET ADDRESS			6.3 STREET ADDRESS	
City-St-Zip			6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filling 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 rep

1/19/98 941-951-0451

FILED