FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:42

DOCUMENT # **H24451** **(7)**

1. Corporation Name
VALLENCOURT CONSTRUCTION CO., INC.

Principal Place of Business	Mailing Address
~~675 WELLS RD. SUITE 1~~ PO BOX 2112 ORANGE PARK FL 32073	~~679 WELLS RD. SUITE 1~~ PO BOX 2112 ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1984
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business	2a. Mailing Address
21 1532 Kingsley Ave	26 1532 Kingsley
Suite, Apt. #, etc. 22 Suite 107	Suite, Apt. #, etc. 27 Suite 107
City & State 23	City & State 28
Zip / 24	Country / 25
Zip / 29	Country / 30

4. FEI Number: 59-2469052 ☐ 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
FISCHETTE, JAMES A. 1916 GULF LIFE TOWER JACKSONVILLE FL 32207	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: Kathryn J. Vallencourt Sec/Treasurer 3.30.95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changes) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	VALLENCOURT, MICHAEL A.	12 NAME	
STREET ADDRESS	7022 CANE GRASS LANE W.	13 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	VALLENCOURT, FRANCIS E.	22 NAME	
STREET ADDRESS	144 BLAKE AVENUE	23 STREET ADDRESS	
CITY ST ZIP	ORANGE PARK FL	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	VALLENCOURT, KATHRYN J.	32 NAME	
STREET ADDRESS	7022 CANE GRASS LANE W.	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: Kathryn J. Vallencourt Sec/Trea. 4.10.95 (904)264-4485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003914 CP