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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H24451 (7)

1. Corporation Name

VALLENCOURT CONSTRUCTION CO., INC.



Principal Place of Business

Mailing Address

1532 KINGSLEY AVE  
STE 107  
ORANGE PARK FL 32073  
US

1532 KINGSLEY AVE  
STE 107  
ORANGE PARK FL 32073  
US

3. Date Incorporated or Qualified  
10/08/1984

3a. Date of Last Report  
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISCETTE, 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

(Sign or ink type or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME VALLENCOURT, MICHAEL A.  
STREET ADDRESS 7022 CANE GRASS LANE W.  
CITY-STATE-ZIP JACKSONVILLE FL

TITLE VD  
NAME VALLENCOURT, FRANCIS E.  
STREET ADDRESS 144 BLAKE AVENUE  
CITY-STATE-ZIP ORANGE PARK FL

TITLE STD  
NAME VALLENCOURT, KATHRYN J.  
STREET ADDRESS 7022 CANE GRASS LANE W.  
CITY-STATE-ZIP JACKSONVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Valencourt, Michael A.  
1.3 STREET ADDRESS 7022 Astor Street, Lido #8  
1.4 CITY-STATE-ZIP Orange Park, FL 32073

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE STD  
3.2 NAME Valencourt, Kathryn J.  
3.3 STREET ADDRESS 7022 Astor Street, Lido #8  
3.4 CITY-STATE-ZIP Orange Park, FL 32073

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL A. VALLENCOURT

Date

Daytime Phone #

904-264-4485

CR2E034 (12/95)