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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 32073-4536 US

3. Date Incorporated or Qualified: 10/08/1984	3a. Date of Last Report: 03/12/1996
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	

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

9. Name and Address of Current Registered Agent

FISCHETTE, JAMES A.
1916 GULF LIFE TOWER
JACKSONVILLE FL 32207

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	VALLENCOURT, MICHAEL A.		1.2 NAME	Vallencourt, Michael A.	
STREET ADDRESS	2223 ASTOR STREET, LIDO 8		1.3 STREET ADDRESS	598 Glasgow Court	
CITY-ST-ZIP	ORANGE PARK FL		1.4 CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VALLENCOURT, FRANCIS E.		2.2 NAME		
STREET ADDRESS	144 BLAKE AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	VALLENCOURT, KATHRYN J.		3.2 NAME	Vallencourt, Kathryn J.	
STREET ADDRESS	2223 ASTOR STREET, LIDO 8		3.3 STREET ADDRESS	598 Glasgow Court	
CITY-ST-ZIP	ORANGE PARK FL		3.4 CITY-ST-ZIP	Orange Park, FL 32073	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			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			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 added on an attachment with an address.

SIGNATURE: _____ MICHAEL A. VALLENCOURT 904-264-4485