

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H58927 (5)

1. Corporation Name  
VALLEY LAND CO., INC.



Principal Place of Business

4864 NW COKER BLVD  
ARCADIA FL 33821  
US

Mailing Address

PO BOX 1665  
ARCADIA FL 33821  
US

3. Date Incorporated or Qualified  
05/20/1985

3a. Date of Last Report  
02/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, FLETCHER  
124 NORTH BREVARD AVE  
ARCADIA FL 33821

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

1 2 TITLE NAME STREET ADDRESS CITY-ST-ZIP

1 3 TITLE NAME STREET ADDRESS CITY-ST-ZIP

1 4 TITLE NAME STREET ADDRESS CITY-ST-ZIP

2 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

2 2 TITLE NAME STREET ADDRESS CITY-ST-ZIP

2 3 TITLE NAME STREET ADDRESS CITY-ST-ZIP

2 4 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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6 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

6 2 TITLE NAME STREET ADDRESS CITY-ST-ZIP

6 3 TITLE NAME STREET ADDRESS CITY-ST-ZIP

6 4 TITLE NAME STREET ADDRESS 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)(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 in this report, or as an attachment with an address.

SIGNATURE: T.A. Strickland

2-1-96

941-494-7661

CR2E034 (12/95)