SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

APPROVED
AND
FILED

1996 SEP -3 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/16/96 01028 014 $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # J50004

1. Corporation Name

T. Vallee Inc

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: 1986 | 3a. Date of Last Report: 1995

2. Principal Place of Business
21: 6988 SW 204th Ave
22: Suite, Apt. #, etc.
23: City & State: Dunnellon, FL
24: Zip: 34431 | 25: Country: US

2a. Mailing Address
26: Same
27: Suite, Apt. #, etc.
28: City & State: FL
29: Zip: 32
30: Country

4. FEI Number: 59 276 7141 | 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 taxes imposed by chapter(s) [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

Jack Wayne Thompson
6988 SW 204th Ave
Dunnellon, FL 34431

10. Name and Address of New Registered Agent

81 Name: Linda Thompson
82 Street Address (P.O. Box Number is Not Acceptable): 6988 SW 204th Ave
83 City: Dunnellon
84 FL | 85 Zip Code: 34431

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named entity is aware of and agrees to the duties and obligations imposed on it by Section 607.0505, Florida Statutes, relative to keeping open a registered office and registered agent. I am familiar with and accept the duties and obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Linda Thompson 9-1-96

12. OFFICERS AND/OR DIRECTORS

TITLE	President	[ ] DELETE
NAME	Jack Wayne Thompson	
STREET ADDRESS	6988 SW 204th Ave	
CITY-ST-ZIP	Dunnellon FL 34431	
TITLE	VP/Sec	[ ] DELETE
NAME	Linda Thompson	
STREET ADDRESS	6988 SW 204th Ave	
CITY-ST-ZIP	Dunnellon, FL 34431	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS

1 TITLE		[ ] CHANGE [ ] ADD
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] CHANGE [ ] ADD
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] CHANGE [ ] ADD
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] CHANGE [ ] ADD
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] CHANGE [ ] ADD
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] CHANGE [ ] ADD
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP	#deposited	

VSL 9/3/96

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing complies with the applicable requirements of Section 607.0505, Florida Statutes. I further certify that the information indicated on this report or supplemental attachment is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 to the report.

SIGNATURE: Linda Thompson 9-1-96 352 489-0171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR