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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90042 013 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J52091

1. Corporation Name
VALCOR, INC.

Principal Place of Business

VALCOR, INC.
7605 WELBORNE ST
RALEIGH NC 27615
US

Mailing Address

VALCOR, INC.
7605 WELBORNE ST
RALEIGH NC 27615
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1987

4. FEI Number

59-2845841

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORDOBA, JOSE M
7750 PINES BLVD
BOX 4
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7991 PEMBROKE ROAD

83

84 City

PEMBROKE PINES

FL

85 Zip Code

33023

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

☐ DELETE

TITLE **P**
NAME **CORDOBA, JULIO E.**
STREET ADDRESS **10012 LIANA LANE**
CITY-ST-ZIP **RALEIGH NC**

TITLE **ST**
NAME **CULBERTSON, PHILLIP O**
STREET ADDRESS **3725 FERNWOOD DR.**
CITY-ST-ZIP **RALEIGH NC 27612**

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 DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE **ST**
1.2 NAME **JONATHAN HARRISON**
1.3 STREET ADDRESS **6202 ARRINGTON RD.**
1.4 CITY-ST-ZIP **RALEIGH, NC 27607**

2.1 TITLE **V**
2.2 NAME **JOSE M. CORDOBA**
2.3 STREET ADDRESS **7991 PEMBROKE RD.**
2.4 CITY-ST-ZIP **PEMBROKE PINES, FL 33023**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99

Date

919-878-3745

Daytime Phone #

CR2E034 (11/98)