

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L49749** (9)

1. Corporation Name

VALHALLA OF SARASOTA, INC.



Principal Place of Business

Mailing Address

~~P O BOX 3786~~

~~1819 MAIN STREET SUITE 1100~~
~~SARASOTA FL 34230~~
~~US~~

~~P O BOX 3786~~

~~1819 MAIN STREET SUITE 1100~~
~~SARASOTA FL 34230~~
~~US~~

2. Principal Place of Business

21 **11373 CORTEZ Blvd**

Suite, Apt. #, etc.

22 **SUITE 309**

City & State

23 **BROOKSVILLE FL**

Zip

24 **34613**

Country

25 **USA**

2a. Mailing Address

26 **11373 CORTEZ Blvd**

Suite, Apt. #, etc.

27 **SUITE 309**

City & State

28 **BROOKSVILLE FL**

Zip

29 **34613**

Country

30 **USA**

3. Date Incorporated or Qualified
02/07/1990

3a. Date of Last Report
02/27/1995

4. FEI Number

65-0248192

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

9. Name and Address of Current Registered Agent

~~OHEA, JOHN J., JR~~

~~720 S. ORANGE AVE.~~

~~SARASOTA FL 34236~~

10. Name and Address of New Registered Agent

81 Name

BRUCE S. GOLDSTEIN, ESQ

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

500 E KENNEDY Blvd

83

SUITE 200

84 City

TAMPA

FL

85 Zip Code

33602

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 607.1505, Florida Statutes.

SIGNATURE

Bruce S. Goldstein

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/17/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP MOODY, NEIL V.**
STREET ADDRESS **104 SOUTH WARBLER LANE**
CITY-STATE-ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME **STD GALLAGHER, JANICE**
STREET ADDRESS ~~**906 204 DELANEY CIRCLE**~~
CITY-STATE-ZIP ~~**BRANDON FL**~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 if changed or on an attachment with an address.

SIGNATURE:

JL Gallagher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

904 597 4841

CR2E034 (12/95)