

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P01849

(9)

1. Corporation Name

VALLEY INVESTMENT PROPERTIES, INC.

Principal Place of Business

Mailing Address

254 GOLF AIRE BLVD.  
WINTER HAVEN FL 33884  
US

254 254 GOLF AIRE BLVD.  
WINTER HAVEN FL 33884-3213  
US

2. Principal Place of Business

21 254 GOLF AIRE BLVD

Suite, Apt. #, etc.

22 City & State

23 WINTER HAVEN, FL

Zip Country

24 33884-3213

25 POLK

2a. Mailing Address

26 254 GOLF AIRE BLVD

Suite, Apt. #, etc.

27 City & State

28 WINTER HAVEN, FL

Zip Country

29 33884-3213

30 POLK

9. Name and Address of Current Registered Agent

FLOYD, THOMAS C.  
139 AVENUE C. SW  
WINTER HAVEN FL 33883-4564

3. Date Incorporated or Qualified

05/02/1984

3a. Date of Last Report

04/17/1996

4. FEI Number

41-1399365

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD  
OLSON, JOHN L.  
254 GOLF AIRE BLVD.  
WINTER HAVEN FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

STD Y  
OLSON, LOIS E.  
254 GOLF AIRE BLVD.  
WINTER HAVEN FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DV  
DEGONDA, WILLIAM  
205 GOLF AIRE BLVD.  
WINTER HAVEN FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE: [Signature]

FILED  
Apr 28 1997 8:00am  
Secretary of State



CR2E034 (9/96)