

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P01849

1. Corporation Name

VALLEY INVESTMENT PROPERTIES, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

~~21 4340 HAMMERSMITH DR~~

2a. Mailing Address

~~26 4340 HAMMERSMITH DR~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 CLERMONT, FL

City & State

28 CLERMONT, FL

Zip

24 34711

Country

25 USA

Zip

29 34711

Country

30 USA

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

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 owes the current year Intangible
Personal Property Tax. ☐ 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 PD
NAME OLSON, JOHN L.
STREET ADDRESS 254 GOLF AIRE BLVD - 4340 HAMMERSMITH DR
CITY-ST-ZIP WINTER HAVEN FL CLERMONT, FL 34711

TITLE STD
NAME OLSON, LOIS E.
STREET ADDRESS 254 GOLF AIRE BLVD - 4340 HAMMERSMITH DR
CITY-ST-ZIP WINTER HAVEN FL CLERMONT, FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-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-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99

Date

352-394-1011

Daytime Phone #

CR2E034 (11/98)

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90017 005 ***150.00



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