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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P9300024406 (9)
1. Corporation Name

VALHOLLOW ENTERPRISES, INC.

Mains Address						
Principal Place		Mailing Address 6474 RIDGE ROAD				
6474 RIDGE I PORT RICHE		PORT RICHEY FL 34	1668			
				3. Date Incorporated or Qualified 03/29/1993	3a. Date of La 05/01	
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number 59-3181681		Applied For Not Applicable
21 Comp. Apt. 6		Suite, Apt #, etc.			\$6	3.75 Additional
Suite, Apt #	Y, BIQ.	27		5. Certificate of Status Desired	1 1 7 7	Fee Required
City & State		City & State		6. Election Campaign Financing		<b>5.00</b> May Be
23		28		Trust Fund Contribution		Added to Fees
Ziρ	Country	Zφ	Country	B. This corporation has liability to     Florida Statutes	or intangible tax und Æs □ No	der s. 199.032,
24	9. Name and Address of Curr	29 ent Registered Agent	30	10. Name and Address of Nev		it
	g, Hame and Address of Cont.	on nagazora rigan	81 M (2)	01 1 11-	-111-1	1 -
6474 RII PORT R	BRADLEY W DGE ROAD IICHEY FL 34668  o the provising's of Sections 697.05	02 aud 607 150 <b>9 Fla</b> kklı Stat	83 84 NEW	PORT RECHE	Y FL 85	STE   34253
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TITLE	POM	DELE1E	1 1 THILE		Ch	ange 🔲 Addition
NAME	DUNCAN GREGG W		I 2 NAME			
STREET ADDRESS	6474 RIDGE ROAD		1.3 SIRLET ADDRESS			
CITY-ST ZIP	PORT RICHEY FL	DELETE	1 4 CHY - ST - ZIF 2 1 TITLE		Cr	ange 🔲 Addition
TITLE	VDM DUNCAN VALERIE V	[] טננפור	2.2 NAME			ange C reserve
NAME STREET ADDRESS	6474 RIDGE ROAD		23 STREET ADDRESS			
CHY-ST-ZIP	PORT RICHEY FL		2.4 CITY - \$1 - 7 IP			
TITLE	TSD	DELETE	3 'TITLE		Cr	nange 🔲 Addition
NAME	WARD BRADLEY W	•	3.2 NAME			
STREET ADDRESS	6474 RIDGE ROAD		3.3 STREET ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL		3 4 CITY - \$1 - 74P		<u> </u>	nange 🔲 Addition
11fLE		DELETE	4 1 TULE		Ct	range L Mubilion
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZiP		DELETE	4.4 CITY - ST-ZIP			nange Addition
THTLE		TH DECEME	5 1 TH LE 5 2 NAME			
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADORESS			
CITY - ST - ZIP		DELETE	5 4 CHY-S1-ZIP 6 1 TILE		ГП CI	hange 🔲 Addition
TITLE			6.2 NAME			J
NAME			6.3 STHEET ADDRESS			
STREET ADDRESS			6.4 CHY+\$1-7IP			
C+TY - ST - ZIP						

SIGNATURE:

ATURE AND PRED OR REMAND NAME OF SIGNING OFFICER OR DIRECTOR

14. If do hereby certify that the information supplied with this fining is voluntarily furnished and does not quality 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 trusted 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.

DRESIDENT