

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 # P93000036667 (2)

1. Corporation Name

VALU PROP, INC.



Principal Place of Business

2017 MCGREGOR BOULEVARD
FORT MYERS FL 33901

Mailing Address

2017 MCGREGOR BOULEVARD
FORT MYERS FL 33901

3. Date Incorporated or Qualified
05/19/1993

3a. Date of Last Report
01/18/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

65-0411598

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

HALL, DAVID C
2017 MCGREGOR BOULEVARD
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

William P. Valenti

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

2017 McGregor Blvd.

83

84 City

Fort Myers

FL

85 Zip Code

33901

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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 607.005, Florida Statutes.

SIGNATURE

William P. Valenti
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/26/96
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DP VALENTI, WILLIAM P.
STREET ADDRESS
2017 MCGREGOR BLVD.
CITY-ST-ZIP
FORT MYERS FL

TITLE ☐ DELETE

NAME
DV TAYLOR, HAROLD S. J.
STREET ADDRESS
2017 MCGREGOR BLVD.
CITY-ST-ZIP
FORT MYERS FL

TITLE ☒ DELETE

NAME
DST HALL, DAVID C
STREET ADDRESS
2017 MCGREGOR BLVD
CITY-ST-ZIP
FT MYERS FL

TITLE ☐ DELETE

NAME
D PARNELL, SIDNEY
STREET ADDRESS
2017 MCGREGOR BLVD
CITY-ST-ZIP
FORT MYERS FL

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

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 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:

William P. Valenti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96
Date

941-334-1050
Daytime Phone #

CR2E034 (12/95)