

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 # P93000054287**

1. Corporation Name

**VAL WARD OLDSMOBILE, INC.**

Principal Place of Business

**12626 TAMiami TRAIL SOUTH  
FORT MYERS FL 33907**

Mailing Address

**12626 TAMiami TRAIL SOUTH  
FORT MYERS FL 33907**

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90022 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/03/1993**

4. FEI Number

**65-0426926**

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

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

9. Name and Address of Current Registered Agent

**WARD, VALMORE L  
12626 TAMiami TRAIL SOUTH  
FORT MYERS FL 33907**

10. Name and Address of New Registered Agent

**81** Name

**JIM GEDRA**

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

**83**

**12626 TAMiami TRAIL S.**

**84** City

**FT MYERS**

**FL**

**85** Zip Code

**33907**

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

*Jim Gedra*  
Signature, typed or printed name of registered agent and title if applicable.

**COMPTROLLER - JIM GEDRA**

DATE

**1-4-99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**DPST  
WARD, VALMORE L  
758 CAL COVE DR.  
FT MYERS FL 33919**

TITLE ☐ DELETE

**DV  
WARD, VALMORE L JR.  
13617 PINE VILLA LANE S.E.  
FT MYERS FL 33912**

TITLE ☐ DELETE

**D  
EDENFIELD, FRED H JR.  
3350 N. KEY DR., A-804  
N. FORT MYERS FL 33903**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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 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:

*Jim Gedra*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT

01-04-99

941-939-2212

Date

Daytime Phone #

CR2E034 (1/98)