

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000003354 (5)**

1. Corporation Name

VALENTINO AGENCY, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

01/04/1994

4. FEI Number

Applied For

59-3232312

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**

7. This Corporation has liability for intangible tax under s. 193.032,
Florida Statutes ☐ Yes ☒ No

Principal Place of Business

Mailing Address

**600 S. BARRACKS ST.
SUITE 202
PENSACOLA FL 32501**

**600 S. BARRACKS ST.
SUITE 202
PENSACOLA FL 32501**

2. Principal Place of Business

2a. Mailing Address

21 324 S. Alcaniz St.

26 324 S. Alcaniz St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Pensacola, FL

28 Pensacola, FL

24 32501

25 32501

29 32501

30 32501

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PETERSON CORY E
200 E. GOVERNMENT ST
SUITE 100
PENSACOLA FL 32501**

81 Name

Maureen B. Valentino

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

324 South Alcaniz St.

83

Pensacola FL 32501-6013

84

Pensacola

FL

**Zip Code
32501**

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

Maureen B. Valentino

10 May 95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	VALENTINO, GENE M
STREET ADDRESS	600 S. BARRACKS ST., SUITE 202
CITY, ST, ZIP	PENSACOLA FL 32501
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	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	President	☒ Change ☐ Addition
2. NAME	Valentino Maureen B	
3. STREET ADDRESS	324 So. Alcaniz Street	
4. CITY, ST, ZIP	Pensacola FL 32501	
21. TITLE		☐ Change ☐ Addition
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		
31. TITLE		☐ Change ☐ Addition
32. NAME		
33. STREET ADDRESS		
34. CITY, ST, ZIP		
41. TITLE		☐ Change ☐ Addition
42. NAME		
43. STREET ADDRESS		
44. CITY, ST, ZIP		
51. TITLE		☐ Change ☐ Addition
52. NAME		
53. STREET ADDRESS		
54. CITY, ST, ZIP		
61. TITLE		☐ Change ☐ Addition
62. NAME		
63. STREET ADDRESS		
64. CITY, ST, ZIP		

REMITTED BY MAY 1

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 110.07(3)(b), 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:

Maureen B. Valentino

4/28/95 904-469-9880