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

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P94000040499 (3)

THE VALENTINES & ASSOCIATES, INC.

THE VALENTINES & ASSOCIATES, INC.

Mailing Address

FILED Apr 04 1997 8:00am Secretary of State



2922 S.W. SANTA BARBARA PLACE CAPE CORAL FL 33914		2922 S.W. SANTA BARBARA PLACE CAPE CORAL FL 33914-4563				
				3. Date Incorporated or Qualified 05/25/1994	3a. Date of Last Report 04/05/1996	
2. Principal Place of Business 2a. Mailing Address		-	4. FEI Number	Applied For		
21 11440 Metro Parkway		26 11440 Meti	ro Parkway	56-0510603	Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State Fort Myers, FL		City & State Fort Myers		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
^{Zip} 33912	Country Lee	Zip 33912	Country 30 Lee		8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes	
	Name and Address of Cur	rent Registered Agent		10. Name and Address of New Re	gistered Agent	
	E, CONNIE S		81 Name			
	-Santa Barbara Plai Ral Fl 33914	DE	62 Street	Address (P.O. Box Number is Not Acceptab	ole)	
0/11 2 0 0/			83			
			84 City		FL 85 Zip Code	
11. Pursuant to the	provisions of Sections 607.	0502 and 607.1508, Florida Stat	utes, the above-named	corporation submits this statement for the p	purpose of changing its registered	
office or register agent. Lam fam	red agent, or both, in the St iliar with, and accept the ot	ate of Florida. Such change wa Digations of, Section 607.0505, I	s authorized by the cor Florida Statutes.	poration's board of directors. I hereby accep	at the appointment as registered	
SIGNATURE	•	•				
	e, typed or printed name of registere:		OTE: Registered Agent signatur		DATE	
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
MALE	ENTINE, MICHAEL J	☐ DELETE	1.1 TITLE		Change Addition	
2022 CM CANTA DADDADA DI ACE			1.2 NAME			
CAD	E CORAL FL 33914	, t DJOE	1.3 STREET ADDRESS			
TITLE D	2 001112 12 00011	DELETE	1.4 CITY - SY - ZIP 2.1 TITLE		Change Addition	
1,141	ENTINE, CONNIE S	Lad occur	2.2 NAME			
11	S.W. SANTA BARBARA	A PŁACE	2.3 STREET ADDRESS			
	E CORAL FL 33914		2.4 CITY-ST-ZIP			
TITLE D		DELETE	3.1 TITLE		Change Addition	
	entine, matthew r		3.2 NAME	1		
	2 S.W. SANTA BARBAR/	A PLACE	3.3 STREET ADDRESS			
CAP	E CORAL FL 33914		3 4. CITY-ST-ZIP			
TRUE		DELETE	41 TITLE		Change Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	J		
CHY-S1-7IP			44 CITY-ST-ZIP			
TILLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
City ST - 7/P			5.4 CITY - ST-ZIP		Take Takes	
TOTLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CHY-S1-ZIF		_	6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with the filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and cated on this annual report of the continual 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 cooperation of the receiver of the receiver of the receiver of the receiver of the cooperation of the receiver of the rec

SIGNATURE:

9 rosident 3-3/-97

(94) 773-73/6 Day:ing Ftigne #