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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000016610 (4)

VALJO, INC.

TITLE

NAME

STREET ADDRESS

Principal Place of Business Mailing Address	T INDITABLE LIGH JAMAN WARM BRITE BRITE BRITE HANDIN MITTIN BRIDE INSTITUTION
3600 EAST 15TH STREET P.O. BOX 148 PANAMA CITY FL 32404 LYNN HAVEN FL 32444-0148	
	3. Date Incorporated or Qualified 3a. Date of Last Report 02/27/1995 04/29/1996
2. Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For
26	65-0563706 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	5. Certificate of Status Desired
City & State City & State	6. Election Campaign Financing \$5.00 May Be
23 28	Trust Fund Contribution Added to Fees
Zip Country Zip Country :	8. This corporation has liability for intangible tax under s. 199.032,
24 25 29 30	Florida Statutes Yes No
9, Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNSON, DAVID 81 Nam	е
1409 CLAY AVENUE 82 Stree	et Address (P.O. Box Number is Not Acceptable)
PANAMA CITY FL 32401	
84 City	FL 85 Zip Code
SIGNATURE Signature: Spread printed name of registered agent and title if applicable (NOTE: Registered Agent signal  12. OFFICERS AND DIRECTORS  13.	ure required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P DELETE 1.1 TITLE	Change Addition
NAME JOHNSON, DAVID 1.2 NAME	
STREET ADDRESS 1409 CLAY AVENUE 1,3 STREET ADDRES	s
CITY-SI-ZIP PANAMA CITY FL 32401 1.4 CITY-SI-ZIP	
TITLE VIS DELETE 21 TITLE	Change Addition
NAME VALENTINE, GEORGE 22 NAME	
STREET ADDRESS 3600 EAST 15TH STREET 23 STREET ADDRES	s
City-St-2if PANAMA CITY FL 32404 2.4CITY-St-ZiP	
ITILE DELETE 3.1 TITLE	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	s I
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TOLEDELETE 4.1 TOTLE	Change Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	s
City-St-ZiP 4.4 City-St-ZiP	
THILE DELETE 51 THILE	Change Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRES	s

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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

FILED Feb 12 1997 8:00am Secretary of State



Addition

Change