

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # P95000060124 (1)**

1. Corporation Name  
**THE VALENTINE BROTHERS, INC.**



Principal Place of Business: **3809 SW 20TH PL CAPE CORAL FL 33914**  
Mailing Address: **3809 SW 20TH PL CAPE CORAL FL 33914**

3. Date Incorporated or Qualified: **08/03/1995**      3a. Date of Last Report

4. FEI Number: **45-0596039**      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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**VALENTINE, RONNIE R  
3809 SW 20TH PL  
CAPE CORAL FL 33914**

81 Name

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

83

84 City

FL 85 Zip Code

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**

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE: **D**       DELETE

NAME: **VALENTINE, MICHAEL**

STREET ADDRESS: **2911 SW SANTA BARBARA PL**

CITY - ST - ZIP: **CAPE CORAL FL 33914**

TITLE: **D**       DELETE

NAME: **VALENTINE, RONNIE**

STREET ADDRESS: **3809 SW 20TH PL**

CITY - ST - ZIP: **CAPE CORAL FL 33914**

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: **400001798494**

3.4 CITY - ST - ZIP: **-04/29/96--01041--004**

**\*\*\*200.00**

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:** *Ronnie R. Valentine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-22-96**      Daytime Phone #: **941-540-1230**

CR2E034 (12/95)