

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

**FILED**  
**Jun 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra R. Northam**  
 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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 11440 Metro Pkwy		26 11440 Metro Pkwy		08/03/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 Ft. Myers, FL		28 Ft. Myers, FL		65-0596039	
24 33912		29 33912		Applied For	
25 USA		30 USA		Not Applicable	
5. Certificate of Status Desired				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Election Campaign Financing Trust Fund Contribution				9. Name and Address of Current Registered Agent	
<input type="checkbox"/>				10. Name and Address of New Registered Agent	
7. \$8.75 Additional Fee Required				81 Name	
5.00 May Be Added to Fees				82 Street Address (P.O. Box Number is Not Acceptable)	
8. \$5.00 May Be Added to Fees				83	
8. \$5.00 May Be Added to Fees				84 City	
8. \$5.00 May Be Added to Fees				85 Zip Code	

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

*Rekte*

81 Name: **Michael J. Valentine**  
 82 Street Address: **11440 Metro Pkwy**  
 83: **W/H 1**  
 84 City: **Ft. Myers** FL 85 Zip Code: **33912**

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]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTINE, MICHAEL	1.2 NAME	Michael J. Valentine
STREET ADDRESS	2911 SW SANTA BARBARA PL	1.3 STREET ADDRESS	11440 Metro Pkwy W/H 1
CITY-ST-ZIP	CAPE CORAL FL 33914	1.4 CITY-ST-ZIP	Ft. Myers FL 33912
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.P.
NAME	VALENTINE, RONNIE	2.2 NAME	Matthew R. Valentine
STREET ADDRESS	3809 SW 20TH PL	2.3 STREET ADDRESS	11440 Metro Pkwy W/H 1
CITY-ST-ZIP	CAPE CORAL FL 33914	2.4 CITY-ST-ZIP	Ft. Myers FL 33912
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LELEUX, DANNY	3.2 NAME	
STREET ADDRESS	202 SE 19TH LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTINE, MATT	4.2 NAME	
STREET ADDRESS	2937 SW 10TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	600002563866
STREET ADDRESS		6.3 STREET ADDRESS	-06/18/98-01028-008
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

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.

SIGNATURE: *[Signature]* 4-10-98

CR2E034 (10/97)