

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

PROFIT
CORPORATION
ANNUAL REPORT
1996/7



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

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # P95000060875 (8)

1. Corporation Name

VALET ENTERPRISE, INC.



Principal Place of Business

Mailing Address

444 LAKEVIEW DRIVE
OLDSMAR FL 34677

P.O. BOX 353
OLDSMAR FL 34677

3. Date Incorporated or Qualified
08/07/1995

3a. Date of Last Report
08/05/1996

2. Principal Place of Business

21 45 Greenhaven Trail

2a. Mailing Address

26 45 Greenhaven Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 OLDSMAR FL

City & State

28 OLDSMAR FL

Zip

24 34677

Country

25 USA

Zip

29 34677

Country

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAUFMANN, BRUCE G
11151 - 86TH STREET NORTH
SUITE 401
LARGO FL 34643

81 Name

WILBY, HELEN

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

45 GREENHAVEN TRAIL

83

84 City

OLDSMAR

FL

85 Zip Code

34677

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: Helen M. Wilby, Director April 25, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME WILBY, JASON
STREET ADDRESS 444 LAKEVIEW DRIVE
CITY-ST-ZIP OLDSMAR FL 34677

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME WILBY, JASON
1.3 STREET ADDRESS 45 GREENHAVEN Greenhaven Trail
1.4 CITY-ST-ZIP OLDSMAR FL 34677

TITLE D ☒ DELETE
NAME WILBY, EDWARD
STREET ADDRESS 444 LAKEVIEW DRIVE
CITY-ST-ZIP OLDSMAR FL 34677

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME WILBY, HELEN
STREET ADDRESS 444 LAKEVIEW DRIVE
CITY-ST-ZIP OLDSMAR FL 34677

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME WILBY, HELEN
3.3 STREET ADDRESS 45 Greenhaven Trail
3.4 CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: Helen M. Wilby, HELEN M. WILBY April 25, 1997 813-786-2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)