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

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # 1. Corporation Name

P95000077066 (5)

VALLEE SERVICES INC.						4 21 4 (1111) 1111 1111 21111 21111 2	.	FIN 18851 18811 8	ALIFE BUTTER BELLE 1880
Principal Place	of Business	Mailing Address	********	_					
30904 NOCATEE TRAIL 30904 NOCAT SORRENTO FL 32776 SORRENTO F									
						3. Date Incorporated or Qualified 10/06/1995	3a. Da	ate of Last R	eport
2. Principal Pla	ce of Business	2a, Mailing Address	2a, Mailing Address			4. FEI Number			Applied For
21		26			59-3344836 Not App			Not Applicable	
Suite, Apt. #	r, etc.	Suite, Apt. #, etc.	ר ' '			5. Certificate of Status Desired			Additional
City & State		City & State			6. Election Campaign Financing			Required	
23		28			Trust Fund Contribution			May Be	
Zip	Country	Zip	F			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 Currer	n Hegistered Agent		81	Name	10, Name and Address of New F	Registere	d Agent	
\/ALL =/	- HENDY B ID			٠,	name				
VALLEE, HENRY R JR 30904 NOCATEE TRAIL				82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
	NTO FL 32776		}	83					
COTTL	110 11 02110								····
				84	City		F	85 Z _I	p Code
or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Floric n, and accept the obligations of, Sect	da. Such change was authori	zed by the c	ve-n	amed corpora bration's board	tion submits this statement for the pu f of directors. I hereby accept the app	rpose of cointment	hanging its r as registered	egistered office Lagent. Lam
	Henry R. Welloe H Signature, type I or printed name of rug tered agent			Agent	signature recurred i	when reins/aling)	Y	30-9	6
12.	OFFICERS AND DIRECTORS D DELETE		13.			ADDITIONS/CHANGES TO OFF	ICERS A		
NAME	D D	VALLEE, HENRY R JR		1. 1 TITLE 1.2 NAME				☐ Change	Addition Addition
STREET ADDRESS	30904 NOCATEE TRAIL				ADDRESS				
CITY-ST-ZIP		SORRENTO FL 32776		1.3 STREET ADDRESS 1.4 City-St-Zip					
TITLE				2 1 TITLE				Change	Addition
NAME			2.2 NAME					<u></u>	
STREET ADDRESS			2351	2.3 STREET ADDRESS					
CITY-ST-ZIP			24011		- ZIP				
TITLE		DELETE	3 1 11TLE			***		☐ Change	Addition
NAME			3.2 NAN						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE	[] DELETE			3.4 CrTY+ST-ZiP 4.1 TrTLE		7/7 14 A. M.		Change	☐ Addition
NAME	L. Settle			4.2 NAM2				<u>П</u> снапуе	☐ Addition
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 01						
TITLE	DELETE			5 1 TALE				☐ Change	Addition
NAME			5.2 NA	ME				•	****
STREET ADDRESS			5.3 ST	REET A	ADDRESS				
CITY-ST-ZIP			5.4 CIT		- ZIF				
TITLE		DELETE		1 TALE				Change	☐ Addition
NAME STORES ADDRESS			6.2 NA						
STREET ADDRESS					ADDRESS				
14. I do hereby	certify that the information supplied v	with this filing is voluntarily fun	6.4 CIT nished and o	done	not caplify for	the exemption stated in Section 119	07/20/L) E	Iorida Ptatut	too I further
oath; that I	the information indicated on this anni-	ial report or supplemental and ration of the receiver or truste	nual report is se empower	trice	and accurate	e and that my signature shall have the report as required by Chapter 607, Fi	camo los	al official as if	roods usday

SIGNATURE: Henry R. Vallee JR. PRes. 4-30-96 352-735-3891