PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000032896

1. Corporation	i Name					
SOUTHERN VALENCIA CORPORATION						
					1 1 1 1 1 1 1 1 1 1	
Principal Place of Business Mailing Address						
602 TREMONT STREET 602 TREMONT STREET					·	
SARASOTA FL 34242 SARASOTA FL 34242					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					04/09/1997	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			65-0742942 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22		27			Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Intangible	
24	25 29 30		0	Personal Property Tax.		
Name and Address of Current Registered Agent				11 Name	10. Name and Address of New Registered Agent	
JOHNSON, RONALD G				or Name		
602 TREMONT ST					Address (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34242				1350		
UNINOUTH E OTETE			l°	Suite 44		
			8	4 City C	arasota FL 85 Zip Code 34231	
	(0 1 007.000	00 CO7 4500 Florido Statutos	the abo	o bomon ou	corporation submits this statement for the purpose of changing its registered	
office or r	egistered agent, or both, in the State	of Florida, Such change was auti	nonzea c	by the corpor	pration's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	a Statute	es.		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: 8)	egistered Ac	ent signature rec	equired when reinstating) DATE	
12.	Organical Conference of the Co		13.	,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Р	☐ DELETE	1.1 TITLE	:	Change ☐ Addition	
NAME	JOHNSON, RONALD G		1.2 NAMI	E	7350 S. Tamiami Trail #44	
STREET ADDRESS	602 TREMONT ST		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	SARASOTA FL. 34242		1.4 CITY	-ST-ZIP	Sarasota FL 34231	
TITLE		☐ DELETE	2.1 TITLE	i	☐ Change ☐ Addition	
NAME			2.2 NAM	E	•	
STREET ADDRESS			2.3 STRE	EET ADDRESS		
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP		
TITLE		☐ DELETÉ	3.1 TITLE	•	☐ Change ☐ Addition	
NAME			3.2 NAM	E		
STREET ADDRESS			3.3 STRE	EET ADDRESS	•	
CITY-ST-ZIP			3.4. CITY		Channa C Addition	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	-ST-ZIP		

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 surpliemental 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 s, with all other like empowered

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

ND TYPED OR PRINTED NAME OF SIGNING OFFIC

☐ DELETE

☐ DELETE

Feb 26, 1999 8:00 am

Secretary of State

02-26-1999 90048 016 ***150.00

☐ Change

☐ Change

☐ Addition

Addition