

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 # S12529 (1)

1. Corporation Name

VALENTI, TROBEC & WOODY, INC.



Principal Place of Business

4110 CENTER POINTE DRIVE
SUITE 215
FORT MYERS FL 33916
US

Mailing Address

4110 CENTER POINTE DRIVE
SUITE 215
FORT MYERS FL 33916
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/14/1990

3a. Date of Last Report

03/21/1995

4. FEI Number

65-0228200

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

9. Name and Address of Current Registered Agent

WOODY, JAY E.
8789 BANYAN COVE CIR
FT MYERS FL 33919

10. Name and Address of New Registered Agent

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 DP
NAME VALENTI, DELANO A.
STREET ADDRESS 6054 LIVERNOIS, SUITE 1
CITY-ST-ZIP TROY MI ☐ DELETE

TITLE DS
NAME WOODY, JAY E.
STREET ADDRESS 8789 BANYAN COVE CIR
CITY-ST-ZIP FT MYERS FL ☐ DELETE

TITLE DT
NAME TROBEC, ROBERT
STREET ADDRESS 6054 LIVERNOIS
CITY-ST-ZIP TROY MI ☐ DELETE

TITLE D
NAME SCHURR, STEPHEN E.
STREET ADDRESS 6294 WORLINGTON
CITY-ST-ZIP BIRMINGHAM MI ☒ DELETE

TITLE D
NAME CHANDLER, ALAN P.
STREET ADDRESS 13812 WOODSETT CT
CITY-ST-ZIP SHELBY TOWNSHIP MI ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 or changed, or on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

810-828-3377

CR2E034 (12/95)