FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S20246** **(2)**

1. Corporation Name
VALUCOMP, INC.

Principal Place of Business	Mailing Address
5240 BANK ST #17 FT. MYERS FL 33907 US	5240 BANK ST #17 FT. MYERS FL 33907 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/20/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **65-0235176** ☐ 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

STOKES, CATHERINE E.
4815 S LANDS DR #101
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4905 Marlinspike Ct
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 _____ DATE
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	PD	1.1 TITLE		☑ Change ☐ Addition
NAME	STOKES, CATHERINE E	1.2 NAME		
STREET ADDRESS	4815 S LANDINGS DR #101	1.3 STREET ADDRESS	4905 Marlinspike Ct. #102	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	33919	
TITLE	CDVT	2.1 TITLE		☑ Change ☐ Addition
NAME	STOKES, EARL R K	2.2 NAME		
STREET ADDRESS	4815 S LANDINGS DR #101	2.3 STREET ADDRESS	4905 Marlinspike Ct. #102	
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	33919	
TITLE	DV	3.1 TITLE		☑ Change ☐ Addition
NAME	COCHRAN, JEFFREY S.	3.2 NAME		
STREET ADDRESS	12500 EQUESTRIAN CIR, #215	3.3 STREET ADDRESS	#409	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☑ Change ☐ Addition
NAME	STOKES, CH	4.2 NAME		
STREET ADDRESS	4815 S LANDINGS DR	4.3 STREET ADDRESS	4905 Marlinspike Ct. #102	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	33919	
TITLE	DV	5.1 TITLE	DV	☐ Change ☑ Addition
NAME		5.2 NAME	Scott Werbke	
STREET ADDRESS		5.3 STREET ADDRESS	132 SE 21st Street	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Cape Coral FL 33990	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: E R K S _____ 4/28/95 813/939-5630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

032163 CP