

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 # **S20246** (2)

1. Corporation Name
VALUCOMP, INC.



Principal Place of Business

**5240 BANK ST
#17
FT. MYERS FL 33907
US**

Mailing Address

**5240 BANK ST
#17
FT. MYERS FL 33907
US**

**400001797674
-04/29/96--01025--016**

3. Date of Last Report
12/20/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

10. Name and Address of New Registered Agent

STOKES, CATHERINE E.

~~4905 MARLIN SPIKE CT.~~

FT. MYERS FL 33919

81 Name

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

9233 Coral Isle Way

83

84 City

FL

85 Zip Code

33919

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 the legal address

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD
STOKES, CATHERINE E
4905 MARLIN SPIKE CT. #202
FT MYERS FL**

TITLE ☐ DELETE

**CDVT
STOKES, EARL R K
4905 MARLIN SPIKE CT. #202
FT MYERS FL**

TITLE ☒ DELETE

**DV
COCHRAN, JEFFREY S.
12500 EQUESTRIAN CIRCLE, #409
FT. MYERS FL**

TITLE ☐ DELETE

**S
STOKES, CH
4905 MARLIN SPIKE CT. #202
FT MYERS FL**

TITLE ☒ DELETE

**DV
WERBKE, SCOTT
132 SE 21ST STREET
CAFE CORAL FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**PD
Stokes, Catherine E
9233 Coral Isle Way
Ft. Myers FL 33919**

2.1 TITLE ☒ Change ☐ Addition

**C.DVT
Stokes, Earl R.K
9233 Coral Isle Way
Ft. Myers FL 33919**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

4.1 TITLE ☒ Change ☐ Addition

**S
Golden, C. Holly
12570 Equestrian Ct. #1416
Ft. Myers FL**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

6.1 TITLE ☐ Change ☒ Addition

**DV
Golden, Robert
12570 Equestrian Ct #1416**

**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: **COLK Stokes** **E.R.K. Stokes**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 **941/939-5630**

CR2E034 (12/95)

4/27/96