## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS (2)**DOCUMENT #** Corporation Name VALENTI HOMES, INC. Principal Place of Business Mailing Address 4226 POLEY LN 4226 POLEY LN LAKELAND FL 33811 LAKELAND FL 33811 3. Date Incorporated or Qualified 05/06/1992 06/06/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3124094 P.O. 130x 5062 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be LAKELAND, 28 FLORIDA Trust Fund Contribution Added to Fees Zω Country 8. This corporation has liability for intangible tax under s. 199.032, 29 33807-506230 25 Fiorida Statutes ☐ Yes XX No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VALENTI, ANTHONY J. 82 Street Address (P.O. Box Number is Not Acceptable) **4226 POLEY LN** LAKELAND FL 33811 83 84 City 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 bloard of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Styriations typed or profed han clothespitational agent and the chapping asits it is the reled Apart's just release in OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Tille DELETE 1 1 ItTLE Change Addit.on VALENTI, ANTHONY J. NAME 1.2 NAME 4226 POLEY LN STREET ADDRESS 1.3 STREE! ADDRESS LAKELAND FL CITY - ST-ZIP 14 CITY - ST - ZIP DELETE ☐ Change TITLE 2 1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZiP 24 CITY-ST ZIP DELETE THEF 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-Z-P 3.4 C/TY - ST - ZiP TITLE DELETE 4 1 TITLE Change Addition

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)(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

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