FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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CORPORATION ANNUAL REPORT **1995**

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

95 MAY -1 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 548814 **(3)**

1. Corporation Name
DELTA PALMS REALTY, INC.

Principal Place of Business
515 - 36TH STREET WEST
SUITE F
BRADENTON FL 34205

Mailing Address
515 - 36TH STREET WEST
SUITE F
BRADENTON FL 34205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1977
3a. Date of Last Report: 06/14/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt # or — 22 / 27
City & State — 23 / 28
24 / 25 / 29 / 30

4. FEI Number: 59-1816559 — 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MABRY, BYRON C
515 36 ST. W., SUITE F
BRADENTON FL 34205

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 Section 607.0501 and 607.0505, 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 this corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

01 TITLE	PST
02 NAME	MABRY, BYRON C.
03 STREET ADDRESS	515 36 ST. W., SUITE F
04 CITY ST ZIP	BRADENTON FL 34205
05 TITLE / 06 NAME / 07 STREET ADDRESS / 08 CITY ST ZIP	
09 TITLE / 10 NAME / 11 STREET ADDRESS / 12 CITY ST ZIP	
13 TITLE / 14 NAME / 15 STREET ADDRESS / 16 CITY ST ZIP	
17 TITLE / 18 NAME / 19 STREET ADDRESS / 20 CITY ST ZIP	
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

25 TITLE / 26 NAME / 27 STREET ADDRESS / 28 CITY ST ZIP	☐ Change ☐ Addition
29 TITLE / 30 NAME / 31 STREET ADDRESS / 32 CITY ST ZIP	☐ Change ☐ Addition
33 TITLE / 34 NAME / 35 STREET ADDRESS / 36 CITY ST ZIP	☐ Change ☐ Addition
37 TITLE / 38 NAME / 39 STREET ADDRESS / 40 CITY ST ZIP	☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
45 TITLE / 46 NAME / 47 STREET ADDRESS / 48 CITY ST ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, or voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(ii), 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 above, or on an attachment with an address.

SIGNATURE: 5-1-95 (813)746-4646
BYRON C. MABRY
EXECUTIVE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date — Telephone Number

0337037 CP