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CORPORATION ANNUAL REPORT 1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 4: 10

DOCUMENT # K40633 (5)

1. Corporation Name

DELSANA INVESTMENT GROUP, INC.

Principal Place of Business:
POST OFFICE BOX 127
MONTCHANNIN DE 19710-0127
US

Mailing Address:
POST OFFICE BOX 127
MONTCHANNIN DE 19710-0127
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/21/1988

3a. Date of Last Report: 06/17/1994

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: 65-0086305 ☐ 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

WINESETT, RICHARD W.
2248 FIRST STREET
FORT MYERS FL 33901

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	~~PST~~
NAME	SCOTT, B. GARY
STREET ADDRESS	POST OFFICE BOX 127
CITY-ST-ZIP	MONTCHANNIN DE 19710
TITLE	~~C~~
NAME	SCOTT, JOANNE T.
STREET ADDRESS	POST OFFICE BOX 127
CITY-ST-ZIP	MONTCHANNIN DE 19710
TITLE	~~DPT~~
NAME	~~SCOTT, B. GAVY~~
STREET ADDRESS	~~26631 NORTH POINT ROAD~~
CITY-ST-ZIP	~~EASTON MD 21601~~
TITLE	~~DS~~
NAME	~~SCOTT, JOANNE T.~~
STREET ADDRESS	~~26631 NORTH POINT ROAD~~
CITY-ST-ZIP	~~EASTON MD 21601~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPT	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DS	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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.

(410) 819-3370

SIGNATURE: [signature] 01/24/1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Gary Scott, President

0466604 FN