

**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

APPROVED AND FILED

96 APR 24 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000003085 (4)**

1. Corporation Name  
**DELTA TECHNOLOGIES, INC.**



Principal Place of Business: **336 WAKULLA ARRON ROAD CRAWFORDVILLE FL 32326**  
Mailing Address: **336 WAKULLA ARRON ROAD CRAWFORDVILLE FL 32326**

3. Date Incorporated or Qualified: **01/12/1995**  
3a. Date of Last Report  
4. FEI Number: **59-3294396**  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.  
City & State  
Zip Country

9. Name and Address of Current Registered Agent  
**SANDSTROM, KEITH  
336 WAKULLA ARRON ROAD  
CRAWFORDVILLE FL 32326**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): **500001793495**  
83 City, State, Zip: **-04/24/96--01094--016**  
84 City, State, Zip Code: **\*\*\*\*200.00 \*\*\*\*200.00 FL 85**

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: *Keith Sandstrom* **KEITH SANDSTROM PRES, SEC, TRS.** 4-10-96  
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE:  DELETE  
NAME: **D SANDSTROM, KEITH**  
STREET ADDRESS: **P.O. BOX 1144, N/A**  
CITY-ST-ZIP: **CRAWFORDVILLE FL 32326**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: **P S T**  Change  Addition  
1.2 NAME: **ROBERT WADE**  
1.3 STREET ADDRESS: **PO Box 226, N/A**  
1.4 CITY-ST-ZIP: **OBRLEN, FL**  
2.1 TITLE:  Change  Addition  
2.2 NAME: **ROBERT WADE**  
2.3 STREET ADDRESS: **PO Box 226, N/A**  
2.4 CITY-ST-ZIP: **OBRLEN, FL**  
3.1 TITLE: **D**  Change  Addition  
3.2 NAME: **JOAN WADE**  
3.3 STREET ADDRESS: **PO BOX 226, N/A**  
3.4 CITY-ST-ZIP: **OBRLEN, FL**  
4.1 TITLE:  Change  Addition  
4.2 NAME: **ELLEN JENKINS**  
4.3 STREET ADDRESS: **PO. 592, N/A**  
4.4 CITY-ST-ZIP: **CRAWFORDVILLE, FL 32326**  
5.1 TITLE: **VP**  Change  Addition  
5.2 NAME: **DIANE SANDSTROM**  
5.3 STREET ADDRESS: **PO BOX 1144, N/A**  
5.4 CITY-ST-ZIP: **CRAWFORDVILLE, FL 32326**  
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.

SIGNATURE: *Keith Sandstrom* **KEITH SANDSTROM** 4-10-96 (904) 509-3808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)