

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32327-1924
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3. Date Incorporated or Qualified 01/12/1995	3a. Date of Last Report 04/24/1996
4. FEI Number 59-3284396	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 848 Blountstown Hwy Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 1144 Suite, Apt. #, etc.
22 A City & State	27 City & State
23 Tallahassee, Fl. Zip Country	28 Crawfordville, Fl. Zip Country
24 32304 25 US	29 32326 30 US

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)
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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDSTROM, KEITH	1.2 NAME	
STREET ADDRESS	P.O. BOX 1144, N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32326	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, ROBERT	2.2 NAME	
STREET ADDRESS	P.O. BOX 226, N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	OBRIEN FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, JOAN	3.2 NAME	
STREET ADDRESS	P.O. BOX 226, N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	OBRIEN FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, ELLEN	4.2 NAME	
STREET ADDRESS	P.O. BOX 592, N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32326	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDSTROM, DIANE	5.2 NAME	
STREET ADDRESS	P.O. BOX 1144, N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32326	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** Date: **4-11-97** (904) 575-3977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)