

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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90064 029 ***150.00

0055028

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000003085

1. Corporation Name
DELTA TECHNOLOGIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 852 BLOUNTSTOWN HWY #A TALLAHASSEE FL 12590 US	Mailing Address PO BOX 1144 CRAWFORDVILLE FL 32326 US
--	--

3. Date Incorporated or Qualified 01/12/1995	4. FEI Number 59-3294396	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Post Office Box 2301
22. City & State	27. Suite, Apt. #, etc.
23. City & State	28. Tallahassee, FL
24. Zip 32304	29. Zip 32316-2301
25. Country	30. Country US

9. Name and Address of Current Registered Agent SANDSTROM, KEITH 336 WAKULLA ARRON ROAD CRAWFORDVILLE FL 32326	81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code FL
---	----------	--	-----	----------	--------------------

10. Name and Address of New Registered Agent
--

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDSTROM, KEITH	1.2 NAME	* Correction
STREET ADDRESS	P.O. BOX 1144, N/A	1.3 STREET ADDRESS	P.O. Box 2301
CITY-ST-ZIP	CRAWFORDVILLE FL 32326	1.4 CITY-ST-ZIP	Tallahassee, FL 32316-2301
TITLE	<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	<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	<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	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" 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	P.O. Box 2301
CITY-ST-ZIP	CRAWFORDVILLE FL 32326	5.4 CITY-ST-ZIP	Tallahassee, FL 32316-2301
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 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, with all other like empowered.

SIGNATURE: *Keith Sandstrom* Date: 02/08/99 Daytime Phone #: (850) 575-3977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)