

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

**FILED**

**Jan 28 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P96000083606 (9)**

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



**Principal Place of Business Mailing Address  
125 W ROMANA ST. SUITE 400 PENSACOLA FL 32501**

**3. Date Incorporated or Qualified 10/07/1996  
3a. Date of Last Report**

**2. Principal Place of Business 2a. Mailing Address**  
**21 2800 NAVY BLVD 26**  
 Suite Apt # etc. Suite Apt. #, etc.  
**22 SUITE 4 27**  
 City & State City & State  
**23 PENSACOLA, FL 28**  
 Zip Country Zip Country  
**24 32505 25 USA 29 30**

**4. FEI Number 59-3405478 Applied For Not Applicable**  
**5. Certificate of Status Desired X \$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  
BELL, SCOTT J  
125 W ROMANA ST, SUITE 400  
PENSACOLA FL 32501**

**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** [Signature] **(NOTE: Registered Agent signature required when reinstating)** **DATE**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	P BELL, SCOTT J.
13 STREET ADDRESS	125 W. ROMANA ST. STE 400
14 CITY-ST-ZIP	PENSACOLA, FL 32501
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	VP FERGUSON, KEN
23 STREET ADDRESS	125 W. ROMANA ST STE 400
24 CITY-ST-ZIP	PENSACOLA, FL 32501
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	FOSTER, DANA R.
33 STREET ADDRESS	125 W. ROMANA ST STE 400
34 CITY-ST-ZIP	PENSACOLA, FL 32501
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	TOLAN, JOHN S. JR
43 STREET ADDRESS	125 W. ROMANA ST STE 400
44 CITY-ST-ZIP	PENSACOLA, FL 32501
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	D TREHERN, EDUARD
53 STREET ADDRESS	125 W. ROMANA ST STE 400
54 CITY-ST-ZIP	PENSACOLA, FL 32501
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	D ST. PE, GERALD
63 STREET ADDRESS	125 W. ROMANA ST STE 400
64 CITY-ST-ZIP	PENSACOLA, FL 32501

**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 contained 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:** [Signature] **President** **1/15/97** **904-4320650**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Daytime Phone #**

CR2E034 (9/96)