

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

97 JAN 29 PM 3: 19

DOCUMENT # S75563 (4)

1. Corporation Name

DELTA MANAGEMENT & CONSTRUCTION, INC.

REINSTATEMENT 1996-97

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

3208 SHARER ROAD TALLAHASSEE FL 32312

P.O. BOX 4211 TALLAHASSEE FL 32315

3. Date Incorporated or Qualified 08/23/1991

3a. Date of Last Report 05/01/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

59-3083359

Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLFE, LARRY S. 200-A JOHN KNOX ROAD TALLAHASSEE FL 32303

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 607.0508, Florida Statutes.

SIGNATURE

Signature of officer or director of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

Jan 24, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE PSTD [ ] DELETE
2. NAME BELL, JOHN L.
3. STREET ADDRESS 3208 SHARER ROAD
4. CITY-ST-ZIP TALLAHASSEE FL 32312

1.1 TITLE [ ] Change [ ] Addition
1.2 NAME 700002074057--0
1.3 STREET ADDRESS -01/30/97--01078--014
1.4 CITY-ST-ZIP \*\*\*915.00 \*\*\*915.00

1. TITLE STD [ ] DELETE
2. NAME BELL, JOHN L.
3. STREET ADDRESS 3208 SHARER ROAD
4. CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE [ ] Change [ ] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

1. TITLE VD [X] DELETE
2. NAME BELL, JOHN C
3. STREET ADDRESS 725 OLD BAINBRIDGE ROAD
4. CITY-ST-ZIP TALLAHASSEE FL 32303

3.1 TITLE VD [X] Change [ ] Addition
3.2 NAME BELL, JOHN L.
3.3 STREET ADDRESS 3208 SHARER ROAD
3.4 CITY-ST-ZIP TALLAHASSEE, FLA. 32312

1. TITLE [ ] DELETE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

4.1 TITLE [ ] Change [ ] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

1. TITLE [ ] DELETE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

5.1 TITLE [ ] Change [ ] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

1. TITLE [ ] DELETE
2. NAME
3. STREET ADDRESS
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.

SIGNATURE:

Signature of John L. Bell

JOHN L. BELL

8/20/96

(904) 385-4901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

REINSTATEMENT 96-97

Signature and date 1-29-97