

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0000039

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 AUG 28 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # S75563 (4)

1. Corporation Name

DELTA MANAGEMENT & CONSTRUCTION, INC.

Principal Place of Business

3208 SHARER ROAD
TALLAHASSEE FL 32312

Mailing Address

P.O. BOX 4211
TALLAHASSEE FL 32315

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1991

4. FEI Number

59-3083359

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 30 Country

9. Name and Address of Current Registered Agent

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME BELL, JOHN L.
STREET ADDRESS 3208 SHARER ROAD
CITY-ST-ZIP TALLAHASSEE FL 32312

DELETE

TITLE STD
NAME BELL, JOHN L.
STREET ADDRESS 3208 SHARER ROAD
CITY-ST-ZIP TALLAHASSEE FL

DELETE

TITLE VD
NAME BELL, JOHN C
STREET ADDRESS 3208 SHARER ROAD
CITY-ST-ZIP TALLAHASSEE FL 32312

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD
1.2 NAME JOHN L. BELL
1.3 STREET ADDRESS 3208 SHARER RD.
1.4 CITY-ST-ZIP TALLAHASSEE, FL. 32312

Change Addition

2.1 TITLE VTD
2.2 NAME WILHOIT, CORY R.
2.3 STREET ADDRESS RT. 3 BOX 2941
2.4 CITY-ST-ZIP QUINCY, FL. 32351

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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.

SIGNATURE:

John L. Bell

8/17/98 1801385-9901

CR2E034 (5/98)