

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000003085

**Entity Name:** DELTA TECHNOLOGIES, INC.

**Current Principal Place of Business:**

3777 HARTSFIELD ROAD  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

POST OFFICE BOX 2301  
TALLAHASSEE, FL 32316-2301 US

**FEI Number: 59-3294396**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

STIVERS, H.B.  
245 E. VIRGINIA ST.  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name SANDSTROM, KEITH  
Address P.O. BOX 2301  
City-State-Zip: TALLAHASSEE FL 32316-2301

Title D  
Name WADE, ROBERT  
Address PO BOX 2301  
City-State-Zip: TALLAHASSEE FL 32316

Title D  
Name WADE, JOAN  
Address PO BOX 2301  
City-State-Zip: TALLAHASSEE FL 32316

Title D  
Name JENKINS, ELLEN  
Address PO BOX 2301  
City-State-Zip: TALLAHASSEE FL 32316

Title VP  
Name SANDSTROM, DIANE  
Address P.O. BOX 2301  
City-State-Zip: TALLAHASSEE FL 32316-2301

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: KEITH SANDSTROM**

**PRESIDENT**

**01/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date