

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

DOCUMENT # 126897 (8)

1. Corporation Name
DEKLE HOLDING COMPANY



Principal Place of Business: 210 WOODWARD ST. PO BOX 8787 LAKELAND FL 33806-8787
Mailing Address: 210 WOODWARD ST. PO BOX 8787 LAKELAND FL 33806-8787

3. Date Incorporated or Qualified: 11/04/1932
3a. Date of Last Report: 03/23/1995

2. Principal Place of Business: 21
22 Suite, Apt. #, etc.:
23 City & State:
24 Zip: 25 Country: 26 Mailing Address: 27 Suite, Apt. #, etc.: 28 City & State: 29 Zip: 30 Country:

4. FEI Number: 59-0216980
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PITTMAN ROBERT S.
210 WOODWARD ST.
LAKELAND FL 33803

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: _____ DATE: _____
(Signature typed or printed name of registered agent and office if applicable) (NOTE: Registered Agent signatures required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PITTMAN, ROBERT S.	
STREET ADDRESS	210 WOODWARD ST.	
CITY-STATE-ZIP	LAKELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PITTMAN, ROBERT S., JR.	
STREET ADDRESS	1959 BARKER ST, NE	
CITY-STATE-ZIP	PALM BAY FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	PITTMAN, MARY S.	
STREET ADDRESS	210 WOODWARD ST.	
CITY-STATE-ZIP	LAKELAND FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LAMONT, MARY P	
STREET ADDRESS	3510 TANAGER LN W	
CITY-STATE-ZIP	MULBERRY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: Mary S. Pittman MARY S. PITTMAN 2/15/96 Date Daytime Phone # _____

CR2E034 (12/95)