

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

(Signature, typed or printed name of registered agent and office if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME
PITTMAN, ROBERT S.
STREET ADDRESS
210 WOODWARD ST.
CITY - ST - ZIP
LAKELAND FL

TITLE VD ☐ DELETE

NAME
PITTMAN, ROBERT S., JR.
STREET ADDRESS
1959 BARKER ST, NE
CITY - ST - ZIP
PALM BAY FL

TITLE PTD ☐ DELETE

NAME
PITTMAN, MARY S.
STREET ADDRESS
210 WOODWARD ST.
CITY - ST - ZIP
LAKELAND FL

TITLE S ☐ DELETE

NAME
LAMONT, MARY P
STREET ADDRESS
3510 TANAGER LN W
CITY - ST - ZIP
MULBERRY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1. 1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2. 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3. 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4. 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5. 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6. 1 TITLE

62 NAME

63 STREET ADDRESS

64 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:

MARY S. PITTMAN MARY S. PITTMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/15/96

Daytime Phone #

CR2E034 (12/95)