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Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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: 02/20/1996
4. FEI Number: 59-0216980
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

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

9. Name and Address of Current Registered Agent
PITTMAN ROBERT S.
210 WOODWARD ST.
LAKELAND FL 33803

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
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 TANGER LN W
CITY-ST-ZIP: MULBERRY FL
TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: P/T/D [X] Change [] Addition
1.2 NAME: PITTMAN, ROBERT SEWARD
1.3 STREET ADDRESS: 2211 WEST END AVENUE
1.4 CITY-ST-ZIP: LAKELAND, FL 33803
2.1 TITLE: V/D [X] Change [] Addition
2.2 NAME: PITTMAN, ROBERT SCUDDER
2.3 STREET ADDRESS: 229 MELBOURNE AVENUE
2.4 CITY-ST-ZIP: MELBOURNE, FL 32901
3.1 TITLE: D [X] Change [] Addition
3.2 NAME: PITTMAN, MARY S.
3.3 STREET ADDRESS: 521 WOLF CREEK ROAD
3.4 CITY-ST-ZIP: WHIGHAM, GA 31797
4.1 TITLE: S [X] Change [] Addition
4.2 NAME: LAMONT, MARY P.
4.3 STREET ADDRESS: 3023 FORESTBROOK DRIVE N.
4.4 CITY-ST-ZIP: LAKELAND, FL 33811
5.1 TITLE: [] Change [] Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 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 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: Robert Pittman 2/5/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)