

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 229 East Melbourne Ave. Suite, Apt. #, etc. 22 City & State 23 Melbourne, Fl. 24 Zip 32901 25 Country		2a. Mailing Address 26 229 East Melbourne Ave. Suite, Apt. #, etc. 27 City & State 28 Melbourne, Fl. 29 Zip 32901 30 Country		3. Date Incorporated or Qualified 11/04/1932	4. FEI Number 59-0216980	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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 Mary S. Pittman 82 Street Address (P.O. Box Number is Not Acceptable) 229 East Melbourne Ave. 83 84 City Melbourne FL 85 Zip Code 32901			
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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 Mary S. Pittman *Mary S. Pittman* 3/10/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PITTMAN, ROBERT S.			1.2 NAME	Pittman, Stuart C.		
STREET ADDRESS	2211 WEST END AVE.			1.3 STREET ADDRESS	1865 Keewin Ave. - Apt. B		
CITY-ST-ZIP	LAKELAND FL			1.4 CITY-ST-ZIP	Palm Bay, Fl. 32905		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PITTMAN, ROBERT S., JR.			2.2 NAME	Pittman, Robert S., JR.		
STREET ADDRESS	229 MELBOUREN AVE.			2.3 STREET ADDRESS	285 A North Drive		
CITY-ST-ZIP	MELBOURNE FL			2.4 CITY-ST-ZIP	Melbourne, Fl. 32934		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PITTMAN, MARY S.			3.2 NAME	Pittman, Mary S.		
STREET ADDRESS	521 WOLF CREEK RD.			3.3 STREET ADDRESS	229 East Melbourne Ave.		
CITY-ST-ZIP	WHIGHAM GA			3.4 CITY-ST-ZIP	Melbourne, Fl. 32901		
TITLE	S	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMONT, MARY P			4.2 NAME			
STREET ADDRESS	3023 FORESTBROOK DR. N.			4.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: Mary S. Pittman, Pres. *Mary S. Pittman* 3/10/98

CR2E034 (10/97)