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Jan 27 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 # 423928 (1)  
1. Corporation Name:  
THE DELLA PORTA GROUP, INC.



Principal Place of Business: 3112 S. ST. JOHNS BULFF RD.  
24 JACKSONVILLE FL 32246  
US  
Mailing Address: 3112 S. ST. JOHNS BULFF RD.  
JACKSONVILLE FL 32246-3712  
US

3. Date Incorporated or Qualified: 04/20/1973  
3a. Date of Last Report: 06/17/1996  
4. FEI Number: 59-1554286  
Applied For: Not Applicable  
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under s 199.032, Florida Statutes: ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

LEONARD, BARBARA M  
3112 S. ST. JOHNS BULFF RD.  
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: FL 85

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

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE: V DIMARE, MICHAEL J. 3112 ST. JOHNS BLUFF RD. SOUTH JACKSONVILLE FL  
NAME: VD DELLA PORTA, ALFRED C. 3112 S JOHNSBLUFF ROAD JACKSONVILLE FL  
STREET ADDRESS: VSTD LEONARD, BARBARA M. 3112 S JOHNSBLUFF RD. JACKSONVILLE FL  
CITY-ST-ZIP: VD HARSH, DAVID M. 3112 S JOHNSBLUFF RD. JACKSONVILLE FL  
NAME: VD DELLA PORTA, VERONICA 3112 ST. JOHNS BLUFF RD. SOUTH JACKSONVILLE FL  
STREET ADDRESS: PD DELLA PORTA, RONALD C. 3112 ST. JOHNS BLUFF RD., SO. JACKSONVILLE FL  
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP: 2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP: 3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP: 4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP: 5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP: 6.1 TITLE: 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: Barbara M. Leonard BARBARA M. LEONARD 1.15.97 (904) 646-0310  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)