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Secretary of State

03-01-1999 90022 037 ***150.00

0097639

PROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 439253

1. Corporation Name
DELTA MILLWORK, INC.



Principal Place of Business

~~3521 ALL AMERICAN BLVD.~~
~~ORLANDO FL 32810~~

Mailing Address

~~3521 ALL AMERICAN BLVD.~~
~~ORLANDO FL 32810~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1973

4. FEI Number

59-1492415

Applied For

Not Applicable

2. Principal Place of Business

21 706 MULBERRY AVE

Suite, Apt. #, etc.

22

City & State

23 CELEBRATION, FL

Zip Country

24 34747-466 25 USA

2a. Mailing Address

26 706 MULBERRY AVE

Suite, Apt. #, etc.

27

City & State

28 CELEBRATION, FL

Zip

29 34747-466 30 USA

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 owes the current year Intangible
 Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SEARS, PERRY W.
 3521 ALL AMERICAN BLVD
 ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name

PHILIP A. COCKS

82 Street Address (P.O. Box Number is Not Acceptable)

706 MULBERRY AVE

83

84 City

CELEBRATION

FL

85 Zip Code

34747-4661

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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD COCKS, PHILIP A**
 STREET ADDRESS **3521 ALL AMERICAN BLVD**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **SD COCKS, SYLVIA E**
 STREET ADDRESS **3521 ALL AMERICAN BLVD**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ DELETE

NAME **VD WILLIAMS, ALAN B.**
 STREET ADDRESS **4319 RAVINIA DR.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ DELETE

NAME **VD SEARS, PERRY W.**
 STREET ADDRESS **3521 ALL AMERICAN BLVD.**
 CITY-ST-ZIP **ORLANDO 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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **706 MULBERRY AVE**

1.4 CITY-ST-ZIP **CELEBRATION, FL 34747-4661**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **706 MULBERRY AVE**

2.4 CITY-ST-ZIP **CELEBRATION, FL 34747-4661**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: X

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29

407-566-8706
 Date Daytime Phone #

0097639