

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 10:05

DOCUMENT # 502267 (8)

1. Corporation Name

DELAFIELD ENTERPRISES, INC.

Principal Place of Business

515 LIVE OAK ROAD
VERO BEACH FL 32963

Mailing Address

470 COCONUT PALM RD
VERO BEACH FL 32963
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/30/1976

3a. Date of Last Report

06/14/1994

4. FEI Number

59-1699056

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

23

City & State

27

Zip

Country

24

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HENDERSON, STEVE L. OF JONES & FOSTER, PA
817 BEACHLAND BLVD
VERO BEACH FL 32960

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

(Signature of person or persons authorized to register agent and state of residence)

(Signature of Registered Agent (Signature required when registering))

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

PD

DELAFIELD, G. MASON

630 OCEAN ROAD

VERO BEACH FL

1. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

STD

DELAFIELD, BARBARA BAKER

630 OCEAN ROAD

VERO BEACH FL

1. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D

DELAFIELD, JAMES P

STONEHOUSE ROAD

NEW LONDON NH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied on this form is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary statement 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 recorder or custodian of records 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 as an addition with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-95

407-234-3801