

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

• PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 817237

(1)

1. Corporation Name

THE DELTONA CORPORATION

Principal Place of Business

Mailing Address

999 Brickell Avenue
Suite 700
Miami, FL 33131

999 Brickell Avenue
Suite 700
Miami, FL 33131

3. Date Incorporated or Qualified

07/26/1963

3a. Date of Last Report

05/01/1995

4. FEI Number

59-0997584

Applied For

Not Applicable

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

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*HUMMERHIELM, SHARON J.
999 Brickell Avenue
Suite 700
Miami, FL 33131

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 typed or printed name of registered agent and filed application

Sharon J. Hummerhielm, VP, Sec.

1/29/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE
NAME GRAM, ANTONY
STREET ADDRESS 999 Brickell Ave., Suite 700
CITY-ST-ZIP Miami, FL 33131

TITLE P, CO ☐ DELETE
NAME Cortright, Earle
STREET ADDRESS 999 Brickell Ave., Suite 700
CITY-ST-ZIP Miami, FL 33131

TITLE SVP, D ☐ DELETE
NAME Harden, David M.
STREET ADDRESS 999 Brickell Ave., Suite 700
CITY-ST-ZIP Miami, FL 33131

TITLE VP, S ☐ DELETE
NAME Hummerhielm, Sharon J.
STREET ADDRESS 999 Brickell Ave., Suite 700
CITY-ST-ZIP Miami, FL 33131

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

900001730869
-03/04/96-01069-01
***200.00

DONALD O. McNELLEY
999 BRICKELL AVE, SUITE 700
MIAMI, FL 33131

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON J. HUMMERHIELM, VP+ Sec

Date

1/29/96

Daytime Phone #

305/579-0999

CP2E034 (12/95)