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FILED

Feb 18 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 # 817237

(1)

1. Corporation Name

THE DELTONA CORPORATION

Principal Place of Business

999 BRICKELL AVE SUITE 700  
MIAMI FL 33131

Mailing Address

999 BRICKELL AVE SUITE 700  
MIAMI FL 33131-3043

3. Date Incorporated or Qualified

07/26/1963

3a. Date of Last Report

03/04/1996

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

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

HUMMERHIELM, SHARON J  
999 BRICKELL AVE SUITE 700  
MIAMI FL 33131

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE  
NAME: MCNEELEY, DONALD O  
STREET ADDRESS: 999 BRICKELL AVE SUITE 700  
CITY - ST - ZIP: MIAMI FL 33131

VSD ☐ DELETE  
NAME: HARDEN, DAVID M.  
STREET ADDRESS: 999 BRICKELL AVE SUITE 700  
CITY - ST - ZIP: MIAMI FL 33131

PCO ☐ DELETE  
NAME: CORTRIGHT, EARLE  
STREET ADDRESS: 999 BRICKELL AVE SUITE 700  
CITY - ST - ZIP: MIAMI FL 33131

C ☐ DELETE  
NAME: GRAM, ANTONY  
STREET ADDRESS: 999 BRICKELL AVE SUITE 700  
CITY - ST - ZIP: MIAMI FL 33131

VS ☐ DELETE  
NAME: HUMMERHIELM, SHARON  
STREET ADDRESS: 999 BRICKELL AVE SUITE 700  
CITY - ST - ZIP: MIAMI FL 33131

☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME: McNeely, Donald O.  
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:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)