

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 817303 (1)

1. Corporation Name
DELTA METALS INC



Principal Place of Business: **218 EAST LATHROP AVENUE
POST OFFICE BOX 1706
SAVANNAH GA 31402**

Mailing Address: **218 EAST LATHROP AVENUE
POST OFFICE BOX 1706
SAVANNAH GA 31402**

3. Date Incorporated or Qualified: **08/23/1963** 3a. Date of Last Report: **01/31/1995**

4. FFI Number: **58-0812732** 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 Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|---|---|
| 12.1 TITLE | <input type="checkbox"/> DELETE | 13.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.2 NAME: SD SPARKMAN, C.L. | | 13.2 NAME: | |
| 12.3 STREET ADDRESS: 218 E LATHROP AVE SAVANNAH GA | | 13.3 STREET ADDRESS: | |
| 12.4 CITY, ST, ZIP: P | | 13.4 CITY, ST, ZIP: | |
| 12.1 TITLE: P | <input type="checkbox"/> DELETE | 13.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.2 NAME: WELLS, B. S. | | 13.2 NAME: | |
| 12.3 STREET ADDRESS: 218 E LATHROP AVE SAVANNAH GA | | 13.3 STREET ADDRESS: | |
| 12.4 CITY, ST, ZIP: TD | | 13.4 CITY, ST, ZIP: | |
| 12.1 TITLE: TD | <input type="checkbox"/> DELETE | 13.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.2 NAME: LYNN, C. R. | | 13.2 NAME: | |
| 12.3 STREET ADDRESS: 218 E LATHROP AVE SAVANNAH GA | | 13.3 STREET ADDRESS: | |
| 12.4 CITY, ST, ZIP: TD | | 13.4 CITY, ST, ZIP: | |
| 12.1 TITLE: TD | <input type="checkbox"/> DELETE | 13.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.2 NAME: | | 13.2 NAME: | |
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| 12.3 STREET ADDRESS: | | 13.3 STREET ADDRESS: | |
| 12.4 CITY, ST, ZIP: | | 13.4 CITY, ST, ZIP: | |

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)(k), 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:

S. Sparkman *S. Wells* *C. R. Lynn* *1/25/96 (912) 230-1201*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)