

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Landra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:28

DOCUMENT # H58849 (1)

1. Corporation Name
DELTA CAPITAL DEVELOPMENT CORPORATION

Principal Place of Business: **520 CROWN OAK CENTRE DRIVE LONGWOOD FL 32750**
Mailing Address: **520 CROWN OAK CENTRE DRIVE LONGWOOD FL 32750**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/28/1985	3a. Date of Last Report 05/01/1994
21		26		4. FEI Number 59-2571619	Applied For <input type="checkbox"/> Not Applicable
22	State, Apt. #, etc.	27	State, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	7. This corporation has liability for intangible tax under s. 190.04, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DICKS, JACK W. 520 CROWN OAK CENTRE DRIVE LONGWOOD FL 32750				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 607.01(2) and 607.1504, 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 607.01(2)(b), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
12.1	PD SMITH, CHARLES C., JR. 520 CROWN OAK CENTRE DR. LONGWOOD FL	13.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2	SD DICKS, JACK W. 520 CROWN OAK CENTRE DR. LONGWOOD FL	13.2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3	TV VANCE, SHARON PIERCE 520 CROWN OAK CENTRE DR. LONGWOOD FL	13.3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4		13.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5		13.5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6		13.6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7		13.7	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8		13.8	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.04 and 190.05, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my responsibility shall cease the same legal effect as if made under oath. I am an officer or director of the corporation or the officer or director empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this form.

SIGNATURE: _____
 SIGNATURE AND TYPE (OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
J. W. Dicks

4/24/95 **407 331 8004**