

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 # L52001 (9)

1. Corporation Name

DELTA POWER, INC.



Principal Place of Business

Mailing Address

% JAMES RHETT SMITHEY
241 WEST FRANKLIN ST.
LAKE CITY FL 32055

% JAMES RHETT SMITHEY
241 WEST FRANKLIN ST.
LAKE CITY FL 32055

3. Date Incorporated or Qualified

03/01/1990

3a. Date of Last Report

04/04/1995

2. Principal Place of Business

2b. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number

59-2994593

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITHEY, JAMES RHETT
241 WEST FRANKLIN ST.
LAKE CITY FL 32055

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 types for principal officer, registered agent and director are appropriate)

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
SMITHEY, JAMES RHETT
STREET ADDRESS
RT. 15, BOX 640
CITY, ST, ZIP
LAKE CITY FL

1.2 TITLE ☐ DELETE

NAME
SMITHEY, BRYAN
STREET ADDRESS
RT. 4 BOX 695
CITY, ST, ZIP
LAKE CITY FL

1.3 TITLE ☐ DELETE

NAME
ST
DEPRATTER, ANN S.
STREET ADDRESS
RT. 15, BOX 871
CITY, ST, ZIP
LAKE CITY FL

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

1.7 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

32024

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Rt. 17 Box 1044

32055

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

32024

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANN S. DEPRATTER

3-6-96

Date

904-255-7552

Daytime Phone #

CR2E034 (12/95)