## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L52001

(9)

DELTA POWER, INC.

Principa Piace of Business Making Address  ** JAMES RHETT SMITHEY  ** JAMES RHETT SMITHEY  241 WEST FRANKLIN ST.  LAKE CITY FL 32055  LAKE CITY FL 32055-2829					3. Date Incorporated or Qualified 3a. Date of Last Report				
						3. Date Incorporated or Qualified 03/01/1990		e of Last Ri <b>1/1996</b>	eport
2. Principal f	tace of Business	2a. Mading A	Address		<del></del>	4. FEI Number	VVI I		plied For
21		26			· · · · · · · · · · · · · · · · · · ·	59-2994593			t Applicable
Suite, Apt 22	#, etc	le a	Suitc. Apt # otc.			5. Certificate of Status Desired		\$8.75 A	
C ty & Stat	le•	City 8 St	ate			6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added t	
Zip	Country	2:p		Country	y	8. This corporation has liability for			199.032,
24	[25] 9. Name and Address of Curre	29		30		Florida Statutes  10. Name and Address of New Re	Yes	·	
		in negistared Age	511L	81	Name	10. Name and Address of New Ne	Aletaten W	Agur	
SMITHEY, JAMES RHETT 241 WEST FRANKUN ST.								.,	
	E CITY FL 32055			82	Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
				83					
				84	City	····		<b>85</b> Ζίρ (	Code
					J 0 1,9		FL	L.,p	5500
SIGNATURE	Sligitation Type diorize on a name of registre flar OFFICE 65 AF	ND D.RECTORS		Ti. Registered Ac	lent signature roq	uired when reinstating) ADDITIONS/CHANGES TO OFFIC			
T.D.E	P	L	] DELETE	1.1 11Ts E				Change	Additio
NAME	SMITHEY, JAMES RHETT			1.2 NAME					
STREET ADDRESS CITY: ST-ZIF	RT. 15, BOX 640 LAKE CITY FL			1.4 CITY-	I ADDRESS				
TITLE	V		DELETE	2.1 TITLE	01-1:1			Change	Additio
NAME	SMITHEY, BRYAN			2.2 NAME	1				
STREET ACORESS	1 111 12 4 - 11 14 1			2.3 STREE	1 ADDRESS				
City St 202	LAKE CITY FL	· · · · · · · · · · · · · · · · · · ·	T OF STE	2 4 011 Y	ST ZIP			Change	Assetts
TITLE NOTE:	ST DEPOSITIED ANN S	L,	DELETE	3 1 TITLE	ļ		I	Change	∐ Addilio
NAME STREET ADDRESS	DEPRATTER, ANN S. RT. 15, BOX 871			3.2 NAME 3.3 STREE	T ADDRESS				
C-TY-ST ZIP	LAKE CITY FL			34 CITY					
THILE	The state of the s	L	DELETE.	41 TITLE				Change	Additio
NAME				4 2 NAME					
STREET ADDRESS					T ADDRESS				
CITY - S1 - ZIP			DELETE	4.4.0.TY -	ST-ZIP			Change	Additio
TITLE NAME		L	1000116	51 TITLE 52 NAME				origings	r Vaging
STREET ADDRESS	İ				1 ADDRESS				
CITY - ST - 712				5.4 CITY -					
TITLE			DELETE	6.1 TITLE				Change	Additio
NAME.				6.2 NAME					
STREET ADORESS					.1 ADDRESS				

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 to supplied 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

ANN S. DEPRATTER

1-8-97

904-7553-7553

**FILED** 

Jan 14 1997 8:00am

Secretary of State