2004 NOT-FOR-PROFIT CORPORATION

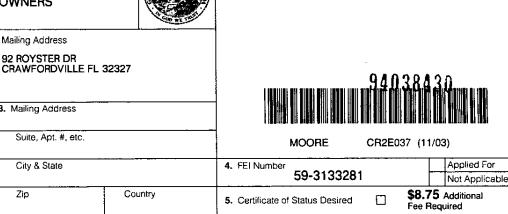
92 ROYSTER DR

3. Mailing Address

ANNUAL REPORT (AR) DOCUMENT # N45714 1. Entity Name DELTA INDUSTRIAL PARK PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address

FILED Mar 29, 2004 8:00 am Secretary of State

03-29-2004 90070 021 ***150.00



Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Not Applicable Zip Country Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOORE, W. TAYLOR 99 ROYSTER DR Street Address (P.O. Box Number is Not Acceptable) CRAWFORDVILLE FL 32327 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Stooghire, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE RAINEY, R. BARTOW NAME NAME 99 ROYSTER DR STREET ADDRESS STREET ADDRESS CRAWFORDVILLE FL 32327 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NICHOLS, J. HOWARD NAME NAME 99 ROYSTER DR STREET ADDRESS STREET ADDRESS CRAWFORDVILLE FL 32327 CITY-ST-ZIP CITY-ST-ZIP SD Change Addition TITLE TITLE Delete MOORE, W. TAYLOR NAME NAME 99 ROYSTER DR STREET ADDRESS STREET ADDRESS CRAWFORDVILLE FL 32327 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing soesnet qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employered.

SIGNATURE:

92 ROYSTER DR

CRAWFORDVILLE FL 32327

2. Principal Place of Business

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #