FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:09

DOCUMENT # N94000001004 (0)

1. Corporation Name
ZELDA T. INC.

Principal Place of Business	Mailing Address
850 ST. FRANCIS ST BROOKSVILLE FL 34601	10089 SPRING HILL DR SPRING HILL FL 34608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1994
3a. Date of Last Report: —
4. FEI Number: ☒ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 1020 HOWELL AVE, APT A8
Suite, Apt. #, etc. 22	27 APT A 8
City & State 23	28 BROOKSVILLE, FL
Zip 24 / Country 25	29 34601 / 30 HERNANDO

9. Name and Address of Current Registered Agent

BLACK, JANET
850 ST. FRANCIS ST
BROOKSVILLE FL 34601

10. Name and Address of New Registered Agent

81 Name: DEANNA DAMMER
82 Street Address (P.O. Box Number is Not Acceptable): 1020 HOWELL AVE
83 APT A-8
84 City: BROOKSVILLE FL 85 Zip Code: 34601

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: Deanna Dammer DEANNA DAMMER 3/16/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	BLACK, JANET	1.2 NAME		
STREET ADDRESS	10089 SPRING HILL DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34608	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	COLAVITA, DAWN	2.2 NAME	delete	
STREET ADDRESS	222 ALPINE CIR	2.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL 34601	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	DAMMER, DEANNA P .O. BOX	3.2 NAME		
STREET ADDRESS	501 N/A	3.3 STREET ADDRESS	1020 HOWELL AVE. APT A-8	
CITY-ST-ZIP	BROOKSVILLE FL 34605	3.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	KALNBACH, JAN	4.2 NAME		
STREET ADDRESS	323 BEALE ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	BROKSVILLE FL 34601	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	MOEN, DENISE	5.2 NAME		
STREET ADDRESS	P.O. BOX 292 N/A	5.3 STREET ADDRESS	delete	
CITY-ST-ZIP	BROOKSVILLE FL 34605	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	NICASTRO, SUE	6.2 NAME		
STREET ADDRESS	14421 VAN CT	6.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34610	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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Deanna Dammer DEANNA DAMMER 3/16/95 904/754-6830 X310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000018