

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000001004 (0)
1. Corporation Name

Zelda T. Inc.

Principal Place of Business Mailing Address
850 St. Francis St. 1020 Howell Ave. A-8
Brooksville, FL 34601 Brooksville, FL 34601

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt # etc 26 Suite, Apt # etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
02/25/1994 03-16-95
4. FEI Number Applied For
59-3235710 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

Deanna K. Dammer
1020 Howell Ave A-8
Brooksville, FL 34601

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Deanna K. Dammer DEANNA K. DAMMER 3/26/94
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE (1) President
NAME Deanna Dammer D
STREET ADDRESS 1020 Howell Ave A-8
CITY-ST-ZIP Brooksville, FL 34601
TITLE (2) Treasurer
NAME Sue Nicastro D
STREET ADDRESS 14421 Van Ct
CITY-ST-ZIP Spring Hill, FL 34610
TITLE (3) Director
NAME Jan Kalnbach D
STREET ADDRESS 323 Beale St
CITY-ST-ZIP Brooksville FL 34601
TITLE (4) Secretary
NAME Linda Aliff D
STREET ADDRESS 1267 Sabra Drive
CITY-ST-ZIP Brooksville, FL 34601

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE ☐ Change ☒ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 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 K. Dammer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEANNA K. DAMMER

3/26/94

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6830 x310

CR2E037 (12/95)