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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N94000001004 (0)

1. Corporation Name  
ZELDA T. INC.



Principal Place of Business

850 ST. FRANCIS ST  
BROOKSVILLE FL 34601

Mailing Address

1020 HOWELL AVE  
APT A-8  
BROOKSVILLE FL 34601-1305  
US

3. Date Incorporated or Qualified  
02/25/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number  
59-3235710

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

DAMMER, DEANNA K  
1020 HOWELL AVE A-8  
BROOKSVILLE FL 34601

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*  
Signature, typed or printed name of registered agent and title if applicable

DEANNA K. DAMMER  
(NOTE: Registered Agent signature required when reinstating)

3-21-97  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME DAMMER, DEANNA  
STREET ADDRESS 1020 HOWELL AVE A-8  
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE T ☐ DELETE  
NAME NICASTRO, SUE  
STREET ADDRESS 14421 VAN CT  
CITY-ST-ZIP SPRING HILL FL 34610

TITLE D ☐ DELETE  
NAME KALNBACH, JAN  
STREET ADDRESS 323 BEALE ST  
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE S ☐ DELETE  
NAME ALIFF, LINDA  
STREET ADDRESS 1267 SABRA DRIVE  
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 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 K. Dammer* DEANNA K. DAMMER 3-21-97

352-754-  
6830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0066239

CR2E037 (9/96)