

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 PM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P24140

(6)

1. Corporation Name

DELTA PROFESSIONALS, INC.

Principal Place of Business

P O BOX 289
GAINESVILLE FL 32602
US

Mailing Address

P O BOX 289
GAINESVILLE FL 32602
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/02/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

43-1075630

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

**\$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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YALLALY, BRIAN P
708-113 S.W. 16TH AVE.
GAINESVILLE FL 32601**

81 Name

YALLALY, BRANDON C.

82 Street Address (P.O. Box Number is Not Acceptable)

Unit #62, 1111 SW 16th Avenue

83

84 City

Gainesville

FL

85

Zip Code
32601

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

Brandon C. Yallaly **BRANDON C. YALLALY**

3/26/95

(Signature, typed or printed name of registered agent and date of application)

(NOTE: Registered Agent signature required when reappointing)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

**YALLALY, BRANDON C
708-113 SW 16TH AVE
GAINESVILLE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

**YALLALY, BRIAN P
708-113 SW 16TH AVE
GAINESVILLE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

PD

YALLALY, BRANDON C.

**Unit #62, 1111 SW 16th Avenue
Gainesville FL 32601**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

SD

YALLALY, JEANETTE M.

**3050 Wax Wing Court
Kennesaw GA 30144**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jeannette M. Yallaly **Jeannette M. Yallaly**

3-26-95

44-424-8848