

4-28-97 B-5604 c  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P34139 (6)  
1. Corporation Name  
DELTA MERCHANDISING, INC.

Principal Place of Business 99 BOBO STREET P.O. BOX 1500 GREER SC 29652	Mailing Address 99 BOBO STREET P.O. BOX 1500 GREER SC 29652-1500
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2. Principal Place of Business 21 233 N. Main St. Suite, Apt. #, etc. 22 Suite 250 City & State 23 Greenville, SC Zip 24 29601		2a. Mailing Address 26 233 N. Main St. Suite, Apt. #, etc. 27 Suite 250 City & State 28 Greenville, SC Zip 29 29601		3. Date Incorporated or Qualified 05/30/1991		3a. Date of Last Report 02/19/1996	
				4. FEI Number 57-0874341		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 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

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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MADDREY, E. ERWIN, II			1.2 NAME			
STREET ADDRESS	233 N. MAIN STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	GREENVILLE SC			1.4 CITY-ST-ZIP			
TITLE	VDT	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAINSFORD, BETTIS C.			2.2 NAME			
STREET ADDRESS	180 1/2 COURTHOUSE SQ.			2.3 STREET ADDRESS			
CITY-ST-ZIP	EDGEFIELD SC			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREER, JANE			3.2 NAME			
STREET ADDRESS	233 N. MAIN STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	GREENVILLE SC			3.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEVENS, DOUGLAS J			4.2 NAME			
STREET ADDRESS	233 N. MAIN STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	GREENVILLE SC			4.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, BRENDA L.			5.2 NAME			
STREET ADDRESS	108 1/2 COURTHOUSE SQ.			5.3 STREET ADDRESS			
CITY-ST-ZIP	EDGEFIELD SC			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MICKEL, B.A.			6.2 NAME			
STREET ADDRESS	8 BYRD BLVD			6.3 STREET ADDRESS			
CITY-ST-ZIP	GREENVILLE SC			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; 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 in an attachment with an address.

SIGNATURE:

4-24-97 (8/11) 229 8301

CR2E034 (9/96)