

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 233 N MAIN ST SUITE 250 GREENVILLE SC 29601 US	Mailing Address 233 N MAIN ST SUITE 250 GREENVILLE SC 29601 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1991

4. FEI Number

57-0874341

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

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 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MADDOREY, E. ERWIN, II	
STREET ADDRESS	233 N. MAIN STREET	
CITY - ST - ZIP	GREENVILLE SC	

TITLE	VDT	<input type="checkbox"/> DELETE
NAME	RAINSFORD, BETTIS C.	
STREET ADDRESS	108 1/2 COURTHOUSE SQUARE	
CITY - ST - ZIP	EDGEFIELD SC	

TITLE	V	<input type="checkbox"/> DELETE
NAME	GREER, JANE	
STREET ADDRESS	233 N. MAIN STREET	
CITY - ST - ZIP	GREENVILLE SC	

TITLE	AS	<input type="checkbox"/> DELETE
NAME	STEVENS, DOUGLAS J	
STREET ADDRESS	233 N. MAIN STREET	
CITY - ST - ZIP	GREENVILLE SC	

TITLE	AS	<input type="checkbox"/> DELETE
NAME	JONES, BRENDA L.	
STREET ADDRESS	108 1/2 COURTHOUSE SQ.	
CITY - ST - ZIP	EDGEFIELD SC	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MICKEL, B.A.	
STREET ADDRESS	6 WOODLAND WAY CIRCLE	
CITY - ST - ZIP	GREENVILLE SC	

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

SIGNATURE:

1-16-98 (864) 232-8301

CR2E034 (10/97)