FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:32

DOCUMENT # **P34744** **(3)**

1. Corporation Name
DELTA AIRPORT CONSULTANTS, INC.

Principal Place of Business	Mailing Address
7333 WHITEPINE ROAD RICHMOND VA 23237	7333 WHITEPINE ROAD RICHMOND VA 23237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1991
3a. Date of Last Report: 02/22/1994

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

4. FEI Number: 54-1214032 ☐ 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

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 _____ DATE
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CDP	11 TITLE		☐ Change ☐ Addition
NAME	BEALE, EDWARD L.	12 NAME		
STREET ADDRESS	6202 PROVIDENCE COUNTRY CLUB DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC	14 CITY-ST-ZIP		
TITLE	VSTD	21 TITLE		☐ Change ☐ Addition
NAME	LAMB, CHARLES D., SR.	22 NAME		
STREET ADDRESS	624 N BACONS CHASE	23 STREET ADDRESS		
CITY-ST-ZIP	HOPEWLL VA	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	CUTRIGHT, EDWARD F.	32 NAME		
STREET ADDRESS	705 GAINESMILL RD.	33 STREET ADDRESS		
CITY-ST-ZIP	MECHANICSVILLE VA	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	MOODY, KENNETH W.	42 NAME		
STREET ADDRESS	1417 MATTHEWS PLANTATION DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	MATTHEWS NC	44 CITY-ST-ZIP		
TITLE		51 TITLE	V/D	☐ Change ☒ Addition
NAME		52 NAME	Brammer, Kenneth W.	
STREET ADDRESS		53 STREET ADDRESS	8017 West Mount Bella Rd.	
CITY-ST-ZIP		54 CITY-ST-ZIP	Richmond, VA 23235	
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	Nixon, James D., Jr.	
STREET ADDRESS		63 STREET ADDRESS	4501 Old Mesa Drive	
CITY-ST-ZIP		64 CITY-ST-ZIP	Richmond, VA 23237	

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)(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 above, if applicable, or on an attachment with an address.

SIGNATURE: [signature] Charles Lamb Sec/Treas. 3/17/95 (804) 275-8301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0477400 FP