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**Apr 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P92000014180 (3)

1. Corporation Name

DELTA MAINTENANCE SERVICES, INC.



Principal Place of Business

**150 N. GRAVES RD.
FT. PIERCE FL 34945
US**

Mailing Address

**PO BOX 2667
FT. PIERCE FL 34954-2667
US**

3. Date Incorporated or Qualified 12/16/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0379080	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**FENNELL, DARRELL
979 BEACHLAND BOULEVARD
VERO BEACH FL 32983**

10. Name and Address of New Registered Agent

81 Name	J. Brantley Schirard, Jr.
82 Street Address (P.O. Box Number is Not Acceptable)	150 N. Graves Rd.
83 P.O. Box	2667
84 City	Ft. Pierce
85 Zip Code	FL 34954

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: *J. Brantley Schirard, Jr.* **J. Brantley Schirard, Jr., Vice President** **3/24/97**
(Signature typed or printed name of registered agent and title, applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	P ROGERS, TALMAGE G.
STREET ADDRESS	150 N. GRAVES RD.
CITY-ST-ZIP	FT. PIERCE FL
TITLE	<input type="checkbox"/> DELETE
NAME	V SCHIRARD, J. BRANTLEY JR
STREET ADDRESS	693 SOUTH US HIGHWAY 1
CITY-ST-ZIP	VERO BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	ST SHIRARD, BRYAN D.
STREET ADDRESS	693 SOUTH US HIGHWAY 1
CITY-ST-ZIP	VERO BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	150 N. Graves Rd, P.O. 2667
2.4 CITY-ST-ZIP	Ft. Pierce, FL 34954
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	150 N. Graves Rd, P.O. 2667
3.4 CITY-ST-ZIP	Ft. Pierce, FL 34954
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(j), 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: *J. Brantley Schirard, Jr.* **J. Brantley Schirard, Jr., Vice President** **501-466-0112**
(Signature typed or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (9/96)