FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 APR -7 AM 5:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000007051 (3)

1. Current Name
DELPHIC PUBLICATIONS, INC.

Principal Place of Business	Mailing Address
506 KENILWORTH AVENUE GULF BREEZE FL 32561	506 KENILWORTH AVENUE GULF BREEZE FL 32561

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1994	3a. Date of Last Report
4. FEI Number: 59-3219971	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 § 199.032, Florida Statutes: ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
State, Address	State, Address
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
NAGEL, JON 506 KENILWORTH AVENUE GULF BREEZE FL 32561	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 607.1005 and 607.1008, 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(S)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Title: PD NAME: NAGEL, JON Street Address: 506 KENILWORTH AVENUE City-State-Zip: GULF BREEZE FL 32561	☐ Change ☐ Addition
Title: STD NAME: NAGEL, KAREN Street Address: 506 KENILWORTH AVENUE City-State-Zip: GULF BREEZE FL 32561	☐ Change ☐ Addition
Title: NAME: Street Address: City-State-Zip:	☐ Change ☐ Addition
Title: NAME: Street Address: City-State-Zip:	☐ Change ☐ Addition
Title: NAME: Street Address: City-State-Zip:	☐ Change ☐ Addition
Title: NAME: Street Address: City-State-Zip:	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is absolutely true and correct and does not qualify for the exemptions 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 serve 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, or on an attachment with an address.

SIGNATURE: Jon W. Nagel (JON. W. NAGEL) 4/4/95 (904)934-5942

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0380020 CP