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

APPROVED AND FILED

95 JUL -6 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000027283 (8)

1. Corporate Name
DELTEX INDUSTRIES, INC.

Principal Place of Business
12 APPALOOSA TRAIL
ORMOND BEACH FL 32174

Mailing Address
12 APPALOOSA TRAIL
ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1994
3a. Date of Last Report

2. Principal Place of Business
21 1815 N. US HWY 1
22 State Apt # or Ste
23 City & State: ORMOND BEACH, FL
24 Zip: 32174
25 Country: USA

26a. Mailing Address
26 22 GALE LANE
27 State Apt # or Ste
28 City & State: ORMOND BEACH, FL
29 Zip: 32174
30 Country: USA

4. FEI Number: 59-3236940
Applied For / Not Applied For

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 subsidiaries in accordance with section 607.0302 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
GAST, DEAN M
12 APPALOOSA TRAIL
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 22 GALE LANE
83
84 City: FL
85 Zip Code

11. [illegible] 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 my position as registered agent. [illegible] Florida Statutes.

[illegible] 6-30-95

12. OFFICERS AND DIRECTORS
D
GAST, DEAN M
12 APPALOOSA TRAIL
ORMOND BEACH FL 32174

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
☒ Change ☐ Addition
22 GALE LANE

14. I hereby certify that the information indicated on this report or supplemental annual report is true and accurate and that my electronic signature shall have the same force and 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 with an affirmative response.

SIGNATURE: [illegible] 6-30-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0010749 CP