

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000070503 (5)

1. Corporation Name

DELMARJ, INC.



Principal Place of Business

507 SE FT KING ST
OCALA FL 34470
US

Mailing Address

507 SE FT KING ST
OCALA FL 34470
US

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 1030

27 Suite, Apt. #, etc.

28 Anthony FL

29 32617 30 Marion

3. Date Incorporated or Qualified
09/26/1994

3a. Date of Last Report
06/06/1995

4. FEI Number
59-3284203

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

10. Name and Address of New Registered Agent

DAY, MARJORIE B
852 NW 165TH STREET
CITRA FL 32113

81 Name Day, Marjorie B.
82 Street Address (P.O. Box Number is not Acceptable)
2939 NE 106 Street
83
84 City Anthony FL 85 Zip Code 32617

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 Marjorie B. Day

(NOTE: Registered Agent's signature required when re-registering)

DATE

4-17-96

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME DAY, MARJORIE B
STREET ADDRESS 852 NW 165TH STREET
CITY-ST-ZIP CITRA FL 32113

TITLE D ☒ DELETE
NAME SUTO, DELCIE J
STREET ADDRESS 852 NW 165TH STREET
CITY-ST-ZIP CITRA FL 32113

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Patricia T. Smith ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 3942 NW 19th Ave
1.4 CITY-ST-ZIP Ocala, FL 34475

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 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)(k), 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: Marjorie B. Day
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96

352-732-8880

CR2E034 (12/95)