

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000073961 (2)

1. Corporation Name
DELBAR INC.



Principal Place of Business
3901 ERNE STREET
PALM HARBOR FL 34683

Mailing Address
3901 ERNE STREET
PALM HARBOR FL 34683

3. Date Incorporated or Qualified 10/03/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3274429	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Country	28. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHASTEEN, CLYDE D 3901 ERNE STREET PALM HARBOR FL 34683	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 has the same effect as the signature of the registered agent.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	☐ Change ☐ Addition
NAME	CHASTEEN, CLYDE D	2. NAME	
STREET ADDRESS	3901 ERNE STREET	3. STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	4. CITY-ST-ZIP	
TITLE	STD	5. TITLE	☐ Change ☐ Addition
NAME	RODGERS, BARBARA Chasteen Barbara	6. NAME	
STREET ADDRESS	% 3901 ERNE STREET	7. STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	8. CITY-ST-ZIP	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. 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: 4/22/96 (813) 943 0030
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Clyde D. Chasteen

CR2E034 (12/95)