FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500003757 (8)

DELTA CONSTRUCTION, INC.

CHOUINARD, JERRY

SEMINOLE FL

11979 MANDARIN COURT

NAME

TITLE NAME

TITLE NAME

TIFLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Principal Place of Business Mailing Address 9191 130TH AVE N. P.O. BOX 7465 LARGO FL 33773 SEMINOLE FL 34645 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 01/12/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable 59-3291386 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be amn Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 25 29 30 Personal Property Tax due June 30. ☐ No 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name CHOUINARD, JERRY 11979 MANDARIN CT. Street Address (P.O. Box Number is Not Acceptable) SEMINOLE FL 34642 83 84 City 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 Signature, typied or printed name of registered agent and title if applicable (NOTE Registered Agont signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE CHOUINARD, DEAN 1.2 NAME NAME 10271 MYRTLE OAK LANE STREET ADDRESS 1.3 STREET ADDRESS largo fl CITY - ST - ZIP 1.4 CITY-ST-ZIP DELFTE noilibhA 2.1 TITLE TITLE ٧S

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 Title

DELETE

DELETE

DELETE

2.3 STREET ADDRESS

2. 4 CITY - ST - ZIP

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE DELETE 6.1 TITLE L Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 of truliee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, ur an an attackment with an address.

Dresidont

SIGNATURE: 1

Feb 12, 1998

813-399-1035

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Addition

Addition

Addition

Change

Change

Change

FILED

Feb 18 1998 8:00am

Secretary of State

R2E034 (10/97)