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FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000013729 (5)

1. Corporation Name:  
DETRA CORPORATION

Principal Place of Business

8 SPENCER SHORES  
HAINES CITY FL 33844

Mailing Address

9 SPENCER SHORES  
HAINES CITY FL 33844-8565



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/16/1995

3a. Date of Last Report

03/28/1996

4. FEI Number

59-3296219

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

9. Name and Address of Current Registered Agent

WATERS, LAWRENCE A  
9 SPENCER SHORES  
HIALEAH FL 33844

10. Name and Address of New Registered Agent

81 Name

WATERS, LAWRENCE A

82 Street Address (P.O. Box Number is Not Acceptable)

9 Spencer Shores

83

84 City

HAINES CITY

FL

85 Zip Code

33844

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, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME WATERS, LAWRENCE A  
STREET ADDRESS 9 SPENCER SHORES  
CITY-ST-ZIP HIALEAH FL 33844 ☐ DELETE

TITLE D  
NAME WATERS, MARTHA W  
STREET ADDRESS 9 SPENCER SHORES  
CITY-ST-ZIP HIALEAH FL 33844 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/D  
1.2 NAME Cynthia Klein, Cynthia  
1.3 STREET ADDRESS 6336 Timberlane Rd.  
1.4 CITY-ST-ZIP LAKE WATERS, FL 33253 ☐ Change ☒ Addition

2.1 TITLE D  
2.2 NAME Kurtz, Stephanie  
2.3 STREET ADDRESS 13832 N. 60th St  
2.4 CITY-ST-ZIP Clearwater, FL 34620 ☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/97 941-422-0177

CR2E034 (9/96)