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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000052622 (4)

DELTON ELECTRIC, INC

APPROVEI:

96 MAY -1 FH 1: 37

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of	f Business	Maling Address	A.			
6581 N.W. 81 MARGATE FL	тн ст	6581 N.W. 8TH CT MARGATE FL 33063	1			
				3. Date Incorporated or Qualified 06/30/1995	3a. Date of Last Report	
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	Applied For	
1]		26		65-0593292	Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Crty & State		City & State		Election Campaign Financing Trust Fund Contribution	S \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for in	itangibir tax under s. 199.032,	
ij	25	29	30	Florida Statutes Yes		
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Ro	egistered Agent	
			81 Name			
LAWSON, DELMOND			82 Street Ac	82 Street Address (P.O. Box Number is Not Acceptable)		
	W. 8TH CT		83			
MARGA	TE FL 33063		• •			
			84 City		FL 85 Zip Code	
12.	ligrature, byte dicriprimed manuscrimage letted a just OFFICERS AN	accide l'applicate (° DIDIRECTORS	#015 Registered Agent signal incires	ADDITIONS/CHANGES TO OFFI		
NILF	P	DELFTE	1 1 Title		☐ Change ☐ Addition	
NAME	LAWSON, DELMOND		1.2 NAME			
STREET ADDRESS	6581 N.W. 8TH CT		1.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL 33063		1.4 CITY - ST - ZIP		C Charac	
HTLE	VS	☐ DELETE	2 1 TITLE		Change Additio	
NAME	LAWSON, ANTONETTE T		2.2 NAME			
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CITY - ST - ZIP	MARGATE FL 33063	DELETE	2.4 CITY - ST - ZIP 3.1 TITLE	-05/14/)01820883 360100-095	
TITLE NAME		<u></u>	3.2 NAME	****20	0.00 ****200.00	
STREET ADDRESS			3.3 STREET ADORESS			
CITY - ST - ZIP			3 4 CITY - ST - ZIP			
TITLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Additio	
NAME			4.2 NAME			
STREE ! ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TUT; F		Change Additio	
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CITY - ST- ZIP TITLE		DELETE	6 1 TiTLE	11/5/10	Change Addition	
NAME .			6.2 NAME	N		
STREET ADDRESS			6.3 STREET ADDRESS	P		
CITY - ST - 7IP			6.4 CITY - ST-ZIP			
					AZIQUIA Florida Statutos I furtha	

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 logal 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 any attachment with an address.

4-2696 954-971-8381