SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Jun 27 1996 8:00 am
Secretary of State

DOCUMENT # **P95000077008 (7)**

1. Corporation Name
DELTA FLORIDA PROPERTIES, INC.

Principal Place of Business	Mailing Address
600 S BARRACKS ST SUITE 210 PENSACOLA FL 32501	600 S BARRACKS ST SUITE 210 PENSACOLA FL 32501

3. Date Incorporated or Qualified: **10/02/1995** | 3a. Date of Last Report:

2. Principal Place of Business
21:
22. Suite, Apt. #, etc:
23. City & State:
24. Zip: 25. Country:

2a. Mailing Address
26: 125 W. ROMANA ST.
27. Suite, Apt. #, etc: SUITE 400
28. City & State: PENSACOLA, FL
29. Zip: 32501 30. Country:

4. FEI Number: 59-3345663 ☐ 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

BELL, SCOTT J
600 S BARRACKS ST
SUITE 210
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

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: Signature(s) required for new registered agent and title, if applicable (NOTE: Registered Agent signature required when revised) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TREHERN, W. EDWARD 2957 MARKET ST PASCAGUOLA MS 39567	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition TREHERN, W. EDWARD 125 W. ROMANA ST. STE 400 PENSACOLA, FL 32501	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ST. PE, GERALD 1000 LITTON ACCESS RD PASCAGOULA MS 39567	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition PRESIDENT BELL, SCOTT J. 125 W. ROMANA ST. STE 400 PENSACOLA, FL 32501	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, ROY C 711 DELMAS AVE PASCAGOULA MS 39567	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition TREASURER TOLAN, JOHN J JR. 125 W. ROMANA ST. STE 400 PENSACOLA, FL 32501	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLLOWAY, J. L. 2372 HIGHWAY 80 W JACKSON MS 39204	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☒ Addition SECRETARY FOSTER, DANA R. 125 W. ROMANA ST. STE 400 PENSACOLA, FL 32501	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELL, SCOTT J 600 S BARRACKS ST SUITE 210 PENSACOLA FL 32501	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOLAN, JOHN J JR 600 S BARRACKS ST SUITE 210 PENSACOLA FL 32501	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/20/96 904-432-0650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #