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Mar 03 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 # P96000016592 (3)

1. Corporation Name  
DELTA GROUP PROPERTIES, INC.



Principal Place of Business

129 SOUTH COMMERCE AVENUE  
SEBRING FL 33870

Mailing Address

129 SOUTH COMMERCE AVENUE  
SEBRING FL 33870-3802

3. Date Incorporated or Qualified  
02/20/1996

3a. Date of Last Report

2. Principal Place of Business

21 12508 Forest Hills Drive  
Suite Apt # etc.

2a. Mailing Address

26 3402 W. Lutz Lake Fern Rd.  
Suite, Apt. #, etc.

4. FEI Number

65-0647547

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

22 City & State

23 Tampa, FL

24 Zip

33612

Country

USA

27 City & State

28 Lutz, FL

29 Zip

33549

Country

USA

9. Name and Address of Current Registered Agent

MCCOLLUM, JAMES F  
129 SOUTH COMMERCE AVENUE  
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name

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

83 12508 Forest Hills Drive

84 City

Tampa

FL

85 Zip Code

33612

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 *Charlene C. Turk*

(Signature typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE Feb 26, 1997

12. OFFICERS AND DIRECTORS

TITLE D  
NAME SCHUCHMAN, RUTH  
STREET ADDRESS 215 NURSERY ROAD  
CITY-ST-ZIP SEBRING FL 33872 ☒ DELETE

TITLE D  
NAME TURK, CHARLENE  
STREET ADDRESS 215 NURSERY ROAD  
CITY-ST-ZIP SEBRING FL 33872 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME DAVID D. HARRIS  
1.3 STREET ADDRESS 18405 TURNING PLACE  
1.4 CITY-ST-ZIP LUTZ, FL 33549 ☐ Change ☒ Addition

2.1 TITLE D, P  
2.2 NAME  
2.3 STREET ADDRESS 12508 Forest Hills Drive  
2.4 CITY-ST-ZIP Tampa, FL 33612 ☒ Change ☐ Addition

3.1 TITLE D  
3.2 NAME Jamie A. Rand  
3.3 STREET ADDRESS 16126 Belle Meade Blvd.  
3.4 CITY-ST-ZIP Odessa, FL 33556 ☐ Change ☒ Addition

4.1 TITLE D  
4.2 NAME Amity M. Bernhard  
4.3 STREET ADDRESS 13324 Lake George Lane  
4.4 CITY-ST-ZIP Tampa, FL 33618 ☐ 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 attachment with an address.

SIGNATURE: *Charlene C. Turk* Charlene C. Turk President 2/18/97 (813) 963-3440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)