


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

FILED  
Mar 26 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Morthland</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000039840 (9)</b> 1. Corporation Name <b>DELTONA MULCH &amp; STONE, INC.</b>			
Principal Place of Business <b>1694 AGATE CIRCLE DELTONA FL 32725</b>		Mailing Address <b>1694 AGATE CIRCLE DELTONA FL 32725-3961</b>	
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	
<b>9. Name and Address of Current Registered Agent</b> <b>WALLACE, RICHARD G</b> <b>1694 AGATE CIRCLE</b> <b>DELTONA FL 32725</b>		<b>10. Name and Address of New Registered Agent</b> 1 Name 2 Street Address (P.O. Box Number is Not Acceptable) 3 4 City <b>FL</b> 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 familiar with and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>12. OFFICERS AND DIRECTORS</b>			
12.1 NAME <b>DP WALLACE, RICHARD G</b> 12.2 STREET ADDRESS <b>1694 AGATE CIRCLE</b> 12.3 CITY-ST-ZIP <b>DELTONA FL 32725</b>	<input type="checkbox"/> DELETE	<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
12.4 TITLE 12.5 NAME 12.6 STREET ADDRESS 12.7 CITY-ST-ZIP	<input type="checkbox"/> DELETE	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 TITLE 12.9 NAME 12.10 STREET ADDRESS 12.11 CITY-ST-ZIP	<input type="checkbox"/> DELETE	13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.12 TITLE 12.13 NAME 12.14 STREET ADDRESS 12.15 CITY-ST-ZIP	<input type="checkbox"/> DELETE	13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.16 TITLE 12.17 NAME 12.18 STREET ADDRESS 12.19 CITY-ST-ZIP	<input type="checkbox"/> DELETE	13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 included 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 or changed, or on an attachment with an address.			
<b>SIGNATURE:</b> <i>Richard G Wallace</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>2-21-97</b> Daytime Phone:	



CR2E034 (9/96)