

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000083606

1. Corporation Name
DELTA DURABLES, INC.

Principal Place of Business

2800 NAVY BLVD
SUITE 4
PENSACOLA FL 32505

Mailing Address

125 W ROMANA ST
SUITE 400
PENSACOLA FL 32501-5847

FILED
Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90122 015 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1996

4. FEI Number

59-3405478

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

BELL, SCOTT J
125 W ROMANA ST, SUITE 400
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME P
STREET ADDRESS BELL, SCOTT J
CITY-ST-ZIP 125 W. ROMANA ST. STE 400
PENSACOLA FL 32501

TITLE ☐ DELETE

NAME V
STREET ADDRESS FERGUSON, KEN
CITY-ST-ZIP 125 W. ROMANA ST. STE 400
PENSACOLA FL 32501

TITLE ☐ DELETE

NAME S
STREET ADDRESS FOSTER, DANA R
CITY-ST-ZIP 125 W. ROMANA ST. STE 400
PENSACOLA FL 32501

TITLE ☐ DELETE

NAME T
STREET ADDRESS TOLAN, JOHN J J
CITY-ST-ZIP 125 W. ROMANA ST. STE 400
PENSACOLA FL 32501

TITLE ☐ DELETE

NAME D
STREET ADDRESS TREHERN, EDWARD
CITY-ST-ZIP 125 W. ROMANA ST. STE 400
PENSACOLA FL 32501

TITLE ☐ DELETE

NAME D
STREET ADDRESS ST. PE, GERALD
CITY-ST-ZIP 125 W. ROMANA ST. STE 400
PENSACOLA FL 32501

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Dana Foster REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)