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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V50524

DELTA T SERVICE CORPORATION

(0)

FILED Feb 04 1997 8:00am Secretary of State



Principal Place of Business 8939 BAYAUD DR TAMPA FL 33626		Mailing Address 8939 BAYAUD DR TAMPA FL 33626-2911				I (821) 2) 153) SULL GELS SING MOIT GIST SINK SIGH SISH SIGH SIGH SIGH			
2. Principal P	lace of Business	2a, Mailing A	\ddress			4. FEI Number		Ar	plied For
21		26				59-3132640 Not Applicable			
Suite, Apt.	#, etc	Suite, Apt #, etc.			5. Certificate of Status Desired	m/	\$8.75		
22		27							equired
City & State	е	⊢ ¬ ′	City & State			6. Election Campaign Financing	\$5.00 May Be		
23	Country	28 Zip		Country		Trust Fund Contribution			to Fees
Ζιρ			<u></u>	¬ ''''',	<i>!</i>	This corporation has liability for Florida Statutes	intangible 7 Yes [. 199.032,
24	25 9. Name and Address of Curi	29 29 And Registered And	31	<u> </u>		10. Name and Address of New R			<u> </u>
ODL	BER, DOUGLAS EDWARD	on nogistario age		81	Name	ig, traine and real east of their it			
	BAYAUD DR							 	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	PA FL 33828		82 Street Add			ddress (P.O. Box Number is Not Acceptable)			
1.PUVI	FA FL 33020			83					····
				84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508 I	Florida Statutes	the abov	e-pamed C	orporation submits this statement for the	nurnose of	changing i	ts registered
office or r	rea stered agent, or both, to the Sta	ate of Florida. Such o	change was aut	horized b	the corpo	ration's board of directors. I hereby acce	pt the app	ointment as	registered
	am familiar with, and accept the ob	ligations of, Section	-		- ^ . ı	_		Jala-	7
SIGNATURE	Signature, type for printed name or gistered	acient and title if applicable.	Douc	Gistered Add	ent signature re	Quired when reinstating)	DATE	1/414	<i>J</i>
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF		DIRECTOR	RS IN 12
TITLE	PST		DELETE	1.1 TITLE		ASSISTANT VICE PRESIDE		Change	Addition
NAME	GRUBER, DOUGLAS E			1.2 NAME		FRED W. DILPURT	<u> </u>		
STREET ADDRESS	8939 BAYAUD DR			1.3 STREET	ADDRESS	7101 No SACRERO	AD		
CITY - ST - ZIP	TAMPA FL			1.4 CITY- 8	T-ZIP	PLANT CITY, FLORIDA	∟ 3∶	3565	
TITLE	VP .		DELETE	2.1 TITLE				Change	☐ Addition
NAME	JETER, JOHN A			2.2 NAME					
STREET ADDRESS	12721 LINDA DRIVE			2.3 STREET	ADDRESS				
CITY - ST - ZIP	TAMPA FL			2.4 CITY-	ST-ZIP				
TITLE		L.	DEFELE	3 1 TITLE.				Change	Addition
NAME				3.2 NAME					
STREET ADDRESS				3 3 STREET	ADDRESS				
CITY-ST-ZIP		<u>-</u>		3.4. CITY -	ST-ZIP			THE	-
TITLE		L	_ DELETE	4.1 TITLE				☐ Change	Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY - S	ST • ZIP	· · · · · · · · · · · · · · · · · · ·		1 10:	1 1 1 1 2 2
TITLE		L	DELETE	5.1 TITLE				☐ Change	Addition
NAME				5.2 NAME	ļ	•			
STREET ADDRESS				5.3 STREET					
CITY-S1-ZIP			Locucie	5.4 CITY-5	ST - ZIP			T 65	A desired
TITLE		L.	DELETE	6.1 TITLE	}			Change	Addition
NAME.				6.2 NAME,					
STREET ADDRESS				6.3 STREE					
CITY-ST-ZIP				6.4 CITY - 5	ST-ZIP				

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 trusted 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.