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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V5052

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DELTA T SERVICE CORPORATION

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 8939 BAYAUD DR 8939 BAYAUD DR TAMPA FL 33626 TAMPA FL 33626 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/14/1992 2. Principal Place of Business 2a. Mailing Address Applied For POBON 21025 5115 RIO VIST AVE. 26 Not Applicable 59-3132640 \$8.75 Additional 5. Certificate of Status Desired BLAG Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible USA USA Personal Property Tax due June 30. ☐ No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GRUBER, DOUGLAS EDWARD 8939 BAYAUD DR 82 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33626 83 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 (NOTE Registered Agent signature required when reinstating) 12. RS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 10118 DIEECTOR NAME **GRUBER, DOUGLAS E** 1.2 NAME GRUBER, Doubles 8939 BAYAUD DR STREET ADDRESS 1.3 STREET ADDRESS 8939 BAYAUD DR. TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TAMPA F1. 83626 DELETE Change Addition TITLE 2 1 TITLE NAME JETER, JOHN A 2.2 NAME STREET ADDRESS 12721 LINDA DRIVE 23 STREET ADDRESS CITY-ST-ZIP <u>Tampa fl</u> 2 4 CITY-ST-ZIP DELETE Change 3.1 TITLE Addition TITLE NAME DILPORT, FRED W 3.2 NAME STREET ADDRESS 7101 N 5TH ACRE RD 3.3 STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 3.4. CITY-S1-7IP DELETE Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 logal 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.