

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 584565

**Entity Name:** DELTA INDUSTRIAL SYSTEMS CORP.**Current Principal Place of Business:**1275 SAWGRASS CORP PKWY  
SUNRISE, FL 33323**Current Mailing Address:**1275 SAWGRASS CORP PKWY  
SUNRISE, FL 33323**FEI Number:** 59-1858508**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEPASS, GEOFFREY S.  
1275 SAWGRASS CORP PKWY  
SUNRISE, FL 33323 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                          |
|-----------------|--------------------------|
| Title           | CEO                      |
| Name            | DEPASS, GEOFFREY S       |
| Address         | 3031 NW 125 AVENUE       |
| City-State-Zip: | SUNRISE FL 33323         |
|                 |                          |
| Title           | D                        |
| Name            | DEPASS, BRIAN A          |
| Address         | 1275 SAWGRASS CORP. PKWY |
| City-State-Zip: | SUNRISE FL 33323         |

|                 |                          |
|-----------------|--------------------------|
| Title           | PRESIDENT                |
| Name            | DEPASS, GEOFFREY C       |
| Address         | 1275 SAWGRASS CORP. PKWY |
| City-State-Zip: | SUNRISE FL 33323         |
|                 |                          |
| Title           | D                        |
| Name            | DEPASS, PATRICIA B       |
| Address         | 1275 SAWGRASS CORP. PKWY |
| City-State-Zip: | SUNRISE FL 33323         |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GEOFFREY DEPASS**PRESIDENT****04/28/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date