

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 817237

**Entity Name:** THE DELTONA CORPORATION**Current Principal Place of Business:**8014 SW 135TH ST. RD.  
OCALA, FL 34473**Current Mailing Address:**8014 SW 135TH ST. RD.  
OCALA, FL 34473 US**FEI Number:** 59-0997584**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUMMERHIELM, SHARON J  
7374 SW 48TH STREET  
MIAMI, FL 33155 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           | D                         |
| Name            | DEWILDE, CHRISTEL         |
| Address         | 8014 SW 135TH ST. RD.     |
| City-State-Zip: | OCALA FL 34473            |
| Title           | VP, S, DIRECTOR           |
| Name            | HUMMERHIELM, SHARON       |
| Address         | 7374 SW 48TH STREET       |
| City-State-Zip: | MIAMI FL 33155            |
| Title           | VP, ASST. SECRETARY       |
| Name            | BETHEL, MELISSA           |
| Address         | 8014 SW 135TH STREET ROAD |
| City-State-Zip: | OCALA FL 34473            |

|                 |                           |
|-----------------|---------------------------|
| Title           | PCTD                      |
| Name            | GRAM, ANTONY              |
| Address         | 8014 SW 135TH ST. RD.     |
| City-State-Zip: | OCALA FL 34473            |
| Title           | ASSISTANT TREASURER       |
| Name            | WILLIAMS, TRACY           |
| Address         | 8014 SW 135TH STREET ROAD |
| City-State-Zip: | OCALA FL 34473            |
| Title           | DIRECTOR                  |
| Name            | GRAM, RUDY                |
| Address         | 8014 SW 135TH STREET ROAD |
| City-State-Zip: | OCALA FL 34473            |

*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:** SHARON HUMMERHIELM**DVS****01/23/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date