

2017 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**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
Name	HUMMERHIELM, SHARON
Address	7374 SW 48TH STREET
City-State-Zip:	MIAMI FL 33151
Title	ASSISTANT TREASURER
Name	WILLIAMS, TRACY
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	VP, AS
Name	FISHER, BETH A
Address	8014 SW 135TH ST . RD.
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**VP****02/16/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date