

**OFFICER CHANGE
DELTON SUPER PTY LTD
ACN 650 503 594**

MINUTES OF MEETING OF THE DIRECTORS

DELTON SUPER PTY LTD ACN: 650 503 594

HELD AT LEVEL 1 1454 LOGAN ROAD, MOUNT GRAVATT, QLD 4122
ON 1 JULY 2021

- ATTENDEES:** Karl Anthony Sharples, Lester James Sharples,
Norman George Sharples and Tanya Ann Sharples
- CHAIRPERSON:** Norman George Sharples was appointed as the Chairperson of
the meeting.
- APPOINTMENT OF THE DIRECTOR** It was RESOLVED on 1 July 2021 to appoint:

Jonathan Paul Sharples of 13 Ironbark Street, CAPALABA, QLD
4157 as a Director of DELTON SUPER PTY LTD - ACN 650 503
594.

Clare Beatrice Sharples of 8 Ironbark Street, CAPALABA, QLD
4157 as a Director of DELTON SUPER PTY LTD - ACN 650 503
594.
- CLOSURE:** There being no further business the meeting is closed.

SIGNED as a true and correct record by:



Norman George Sharples
Director

Dated: _____

CONSENT TO ACT AS A DIRECTOR

DELTON SUPER PTY LTD
ACN: 650 503 594

FULL NAME: JONATHAN PAUL SHARPLES

FORMER NAME (IF ANY):


ADDRESS: 13 Ironbark Street, CAPALABA, QLD 4157

DATE OF BIRTH: 06 JANUARY 1992

PLACE OF BIRTH: BRISBANE QUEENSLAND

consents to act as a DIRECTOR of the
forementioned company.

Signed by:



Jonathan Paul Sharples

 **SIGN HERE**

Dated: _____

CONSENT TO ACT AS A DIRECTOR

DELTON SUPER PTY LTD
ACN: 650 503 594

FULL NAME: CLARE BEATRICE SHARPLES

FORMER NAME (IF ANY):

ADDRESS: 8 Ironbark Street, CAPALABA, QLD 4157

DATE OF BIRTH: 24 JANUARY 1986

PLACE OF BIRTH: PERTH WESTERN AUSTRALIA

consents to act as a DIRECTOR of the
forementioned company.

Signed by:



Clare Beatrice Sharples

SIGN HERE

Dated: _____

Change to company details

Sections A, B or C may be lodged independently with this signed cover page to notify ASIC of:

- | | | |
|---|---------------------------------|---|
| A1 Change of address | B1 Cease company officeholder | C1 Cancellation of shares |
| A2 Change of name - officeholders and proprietary company members | B2 Appoint company officeholder | C2 Issue of shares |
| A3 Change - ultimate holding company | B3 Special purpose company | C3 Change to share structure |
| | | C4 Changes to the register of members for proprietary companies |

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement

Company details

Refer to guide for information about

Company name

DELTON SUPER PTY LTD

ACN/ABN

650 503 594

Corporate key

10616505

Lodgement details

An image of this form will be available as part of the public register.

Who should ASIC contact if there is a query about this form?

ASIC registered agent number (if applicable)

2358

Firm/organisation

MARSH TINCKNELL

Contact name/position description

THERESE KREUTZER

Telephone number (during business hours)

(07) 3422-8000

Email address (optional)

THERESEK@MTACCOUNTANTS.COM.AU

Postal address

PO BOX 83

Suburb/City

MOUNT GRAVATT

State/Territory

QLD

Postcode

4122

Signature

This form must be signed by a current officeholder of the company.

I certify that the information in this cover sheet and the attached sections of this form are true and complete.


NORMAN GEORGE SHARPLES

Capacity

☒ Director

☐ Company secretary

Signature


Date signed

SIGN HERE

Lodgement

Send completed and signed forms to:
Australian Securities and Investments Commission,
PO Box 4000, Gippsland Mail Centre VIC 3841.

Or lodge the form electronically by visiting the ASIC website
www.asic.gov.au

For more information

Web www.asic.gov.au
Need help? www.asic.gov.au/question
Telephone 1300 300 630

B2 Appoint company officeholder

Use this section to notify appointment of a company officeholder. You need to notify details separately for each new officeholder.

Role of appointed officeholder
Select one or more boxes

☒ Director

☐ Secretary

☐ Alternate director

Date of appointment

Date of appointment

0

1

/

0

7

/

2

1

[D]

[D]

[M]

[M]

[Y]

[Y]

Name

The name of the appointed officeholder is (provide full given names, not initials)

Family name

Given names

Sharples

Jonathan Paul

Date of birth

0

6

/

0

1

/

9

2

[D]

[D]

[M]

[M]

[Y]

[Y]

Place of birth (town/city)

(state/country)

Brisbane

Queensland

Former name
Eg change by deed poll or marriage

Their previous name was (provide full given names, not initials)

Family name

Given names

Residential address

The residential address of the appointed officeholder is

Street number and Street name

Suburb/City

State/Territory

13 Ironbark Street

CAPALABA

Queensland

Postcode

Country (if not Australia)

4157

If an 'Alternate director', for whom

Note:
Where an Alternate director is appointed, please attach the terms of appointment to this change form. (Refer to the guide for annexure requirements)

The appointed 'Alternate director' is alternate for (person alternate for)

Family name

Given names

Expiry date (if applicable)

☐

☐

/

☐

☐

/

☐

☐

[D]

[D]

[M]

[M]

[Y]

[Y]

☐ Alternate director terms of appointment attached

B2 Appoint company officeholder

Use this section to notify appointment of a company officeholder. You need to notify details separately for each new officeholder.

Role of appointed officeholder
Select one or more boxes

☒ Director

☐ Secretary

☐ Alternate director

Date of appointment

Date of appointment

0

1

/

0

7

/

2

1

[D]

[D]

[M]

[M]

[Y]

[Y]

Name

The name of the appointed officeholder is (provide full given names, not initials)

Family name

Given names

Sharples

Clare Beatrice

Date of birth

2

4

/

0

1

/

8

6

[D]

[D]

[M]

[M]

[Y]

[Y]

Place of birth (town/city)

(state/country)

Perth

Western Australia

Former name
Eg change by deed poll or marriage

Their previous name was (provide full given names, not initials)

Family name

Given names

Residential address

The residential address of the appointed officeholder is

Street number and Street name

8 Ironbark Street

Suburb/City

State/Territory

CAPALABA

Queensland

Postcode

Country (if not Australia)

4157

If an 'Alternate director', for whom

Note:
Where an Alternate director is appointed, please attach the terms of appointment to this change form. (Refer to the guide for annexure requirements)

The appointed 'Alternate director' is alternate for (person alternate for)

Family name

Given names

Expiry date (if applicable)

/

/

[D]

[D]

[M]

[M]

[Y]

[Y]

☐ Alternate director terms of appointment attached

CONSENT TO ACT AS A DIRECTOR

DELTON SUPER PTY LTD
ACN: 650 503 594

FULL NAME: CLARE BEATRICE SHARPLES

FORMER NAME (IF ANY):

ADDRESS: 8 Ironbark Street, CAPALABA, QLD 4157

DATE OF BIRTH: 24 JANUARY 1986

PLACE OF BIRTH: PERTH WESTERN AUSTRALIA

consents to act as a DIRECTOR of the
forementioned company.

Signed by:



Clare Beatrice Sharples

Dated: _____

CONSENT TO ACT AS A DIRECTOR

DELTON SUPER PTY LTD
ACN: 650 503 594

FULL NAME: JONATHAN PAUL SHARPLES

FORMER NAME (IF ANY):

ADDRESS: 13 Ironbark Street, CAPALABA, QLD 4157

DATE OF BIRTH: 06 JANUARY 1992

PLACE OF BIRTH: BRISBANE QUEENSLAND

consents to act as a DIRECTOR of the
forementioned company.

Signed by:



Jonathan Paul Sharples

Dated: _____