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PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000022597 (5)**

1. Corporation Name
PELICAN STRAND DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
% DAVID M. MOBLEY, SR. 10621 AIRPORT PULLING ROAD N., SUITE 1 NAPLES FL 34104	% DAVID M. MOBLEY, SR. 10621 AIRPORT PULLING ROAD N., SUITE 1 NAPLES FL 34109-1599

3. Date Incorporated or Qualified: 03/20/1995
3a. Date of Last Report: 06/17/1996

2. Principal Place of Business
21: c/o Renee Folson
22: Suite, Apt. #, etc.:
23: City & State:
24: Zip: 25: Country:

2a. Mailing Address
26: c/o Renee Tolson
27: Suite, Apt. #, etc.:
28: City & State:
29: Zip: 30: Country:

4. FEI Number: 65-0567795 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MOBLEY, DAVID M SR
10100 VALEWOOD DR.
NAPLES FL 33999

10. Name and Address of New Registered Agent
81 Name: Mobley David Sr
82 Street Address (P.O. Box Number is Not Acceptable): 10621 Airport Road N.
83: Suite 1
84 City: Naples FL 85 Zip Code: 34109

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: David M Mobley, Jr. DATE: 4/22/97
Signature of, and typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DO ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	HARDEY, PAUL	1.2 NAME	
STREET ADDRESS	10100 VALEWOOD DR.	1.3 STREET ADDRESS	10621 Airport Road, N. Suite #1
CITY-ST-ZIP	NAPLES FL 33999	1.4 CITY-ST-ZIP	Naples, FL 34109
TITLE	ST ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	TOLSON, RENEE	2.2 NAME	
STREET ADDRESS	10100 VALEWOOD DR.	2.3 STREET ADDRESS	10621 Airport Road, N. Suite #1
CITY-ST-ZIP	NAPLES FL 33999	2.4 CITY-ST-ZIP	Naples, FL 34109
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] 4/22/97 592-7344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0414471