FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **308106** **(4)**

1. Corporation Name

PELCON, INC.

Principal Place of Business	Mailing Address
17325 OLD STATE ROAD #438 PO BOX 771399 WINTER GARDEN FL 13997 US	17325 OLD STATE ROAD #438 PO BOX 771399 WINTER GARDEN FL 34777-1399 US

3. Date Incorporated or Qualified: **08/12/1966**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 931 W. OAKLAND Ave
22: Suite, Apt. #, etc.
23: City & State: OAKLAND
24: Zip: 34760 25: Country

2a. Mailing Address
26: 931 W. OAKLAND Ave
27: Suite, Apt. #, etc.
28: City & State: OAKLAND
29: Zip: 34760 30: Country

4. FEI Number: **59-1154582** ☐ 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

CONOLEY, E.B. II
17325 OLD STATE ROAD 438
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name: CONOLEY, EB II
82 Street Address (P.O. Box Number is Not Acceptable)
83: 931 W. OAKLAND Ave
84 City: OAKLAND **FL** 85 Zip Code: 34760

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 _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CONOLEY, E.B. II		1.2 NAME		
STREET ADDRESS	3500 GATLIN AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CARPENTER, CONNIE		2.2 NAME		
STREET ADDRESS	2540 HICKORY TREE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL		2.4 CITY-ST-ZIP		
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		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 6/3/96 407-656-6900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)