FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 3:57

DOCUMENT # 613904 (2)

1. Corporation Name
PELICAN BAY PROPERTIES, INC.

Principal Place of Business	Mailing Address
801 LAUREL OAK DR., #103 NAPLES FL 33963	801 LAUREL OAK DR., #103 NAPLES FL 33963

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/22/1979	3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-1906557	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MCCLURE, ROBERT W.
801 LAUREL OAK DR. #500
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name: Vivien N. Hastings
82 Street Address (P.O. Box Number is Not Acceptable): 801 Laurel Oak Drive
83: Suite 500
84 City: Naples FL 85 Zip Code: 33963

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: Vivien N. Hastings — 2/6/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
NAME	CARLSON, ALICE J			
STREET ADDRESS	801 LAUREL OAK DR #500			
CITY-ST-ZIP	NAPLES FL			
TITLE	PBD	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
NAME	EVANISH, M. B.			
STREET ADDRESS	801 LAUREL OAK DR. #103			
CITY-ST-ZIP	NAPLES FL			
TITLE	TD	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Faust, R. E.	☒ Change ☐ Addition
NAME	BAKER, R W			
STREET ADDRESS	801 LAUREL OAK DR, STE 500			
CITY-ST-ZIP	NAPLES FL			
TITLE	ASV	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SV	☒ Change ☐ Addition
NAME	HASTINGS, V N			
STREET ADDRESS	801 LAUREL OAK DR #500			
CITY-ST-ZIP	NAPLES FL			
TITLE	S	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DELETE ENTIRELY	☐ Change ☐ Addition
NAME	MCCLURE, R. W.			
STREET ADDRESS	801 LAUREL OAK DR.,#500			
CITY-ST-ZIP	NAPLES FL			
TITLE		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
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)(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: Vivien N. Hastings — 2/6/95 — (813) 597-6061
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Vivien N. Hastings, Secretary

0131200 CP