**FILED** 

Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90057 050 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F46121  1. Corporation Name  PELICAN AUTOMOTIVE, INC.				1.000 pt 100 pt	nu 4180 6180 8180 8180 8180 8180 (881
Principal Place	of Business	Mailing Address		I IMPINON AINT BIRIN OTHER THEFT THE T	fil fifti Albii Arfii dibit einit tone
7611 S. TAMIAMI TRL SARASOTA FL 34231		7611 S. TAMIAMI TRL SARASOTA FL 34231		DO NOT WRITE IN T	HIS SPACE
US		US		3. Date Incorporated or Qualifed 09/24/1981	
<u>⊢</u> ¬ '	ace of Business	2a. Mailing Address		4. FEI Number 59-2130550	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22	<del>,</del> 60.	27		5. Certifcate of Status Desired	Fee Required
City & State	:	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year     Personal Property Tax.	r Intangible ☐ Yes ☐ No
24	9. Name and Address of Curre		<u> </u>	10. Name and Address of New Register	red Agent
	9. Name and Address of Cure	iit itagistorea Ageint	81 Name		
STRO	DDE, WILLIAM		20 0: (41)	ress (P.O. Box Number is Not Acceptable)	<del></del>
720 S ORANGE AVE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SARASOTA FL 33578			83		
			04 63		85 Zip Code
			84 City		-L.
office or re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the oblig	ations of, Section 607.0505, Florid	ia Statutes.	poration submits this statement for the purposion's board of directors. I hereby accept the appropriate the purposition of the	
	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: R ND DIRECTORS	egistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS	
12.	V	DELETE	1.1 TITLE		☐ Change ☐ Addition
	BOX, DAVID F		1.2 NAME		
NAME STREET ADDRESS	7611 S. TAMIAMI TRAIL		1.3 STREET ADDRESS		
1	SARASOTA FL		1.4 CITY-ST-ZIP	·	
CITY-ST-ZIP TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DEAN, ROGER		2.2 NAME		
STREET ADDRESS	2235 OKACHOBEE BLVD		2.3 STREET ADDRESS		
	W PALM BCH, FL 00000		2. 4 CITY-ST-ZIP	•	
CITY-ST-ZIP TITLE	ST ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DEAN, ROGER		3.2 NAME		
STREET ADDRESS	2235 OKACHOBEE BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH, FL 00000		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	- <u>-</u> - <u>-</u> -	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
OTDEET ADDRESS			6.3 STREET ADDRESS		

14. Thereby 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 pose 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 expowered 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 a state of the corporation of the corporatio

6.4 CITY-ST-ZIP

SIGNATURE: