

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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90075 041 ***150.00

DOCUMENT #

1. Corporation Name

F98000000348
Pelicans III, Inc.

Principal Place of Business

144 S. Nova Rd.
Ormond Beach FLA
32174

Mailing Address

6509 College Park Square
Virginia Beach VA
23464

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11-12-97

4. FEI Number

59-3477993

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 owes the current year intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 144 S. Nova Rd

Suite, Apt. #, etc.

22

City & State

23 Ormond Beach FL

Zip Country

24 32174

25

2a. Mailing Address

26 6509 College Pk Sq.

Suite, Apt. #, etc.

27

City & State

28 Virginia Beach VA

Zip Country

29 23464

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Phillip Dillingham
217 Ponte Vedra Park Dr.
Ponte Vedra, FLA 32082

81 Name

JAMES V. WALKER

82 Street Address (P.O. Box Number is Not Acceptable)

217 PONTE VEDRA PARK DRIVE

83

SUITE 200

84 City

PONTE VEDRA BEACH

FL

85

Zip Code

32082

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

James W.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

APR 12 1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President	<input type="checkbox"/> DELETE
NAME	Mary Hackworth	
STREET ADDRESS	512 Montevale Dr.	
CITY-ST-ZIP	Chesapeake VA 23322	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Betty A. Hackworth	
STREET ADDRESS	512 Montevale Dr.	
CITY-ST-ZIP	Chesapeake VA 23322	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Gordon P. Hackworth	
STREET ADDRESS	512 Montevale Dr.	
CITY-ST-ZIP	Chesapeake VA 23322	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

Betty Hackworth

Betty Hackworth

4/6/99

Date

757-424-1040

Daytime Phone #

CR2E034 (11/98)