

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

FILED

May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G12628** (5)
1. Corporation Name
PELICAN LANDING REALTY, INC.



Principal Place of Business
**915 EISENHOWER DR
KEY WEST FL 33040**

Mailing Address
**915 EISENHOWER DR
KEY WEST FL 33040-7209**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/09/1982	3a. Date of Last Report 01/25/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2288312	Applied For ☐ Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent HARRIS, NATHANIEL B. 915 EISENHOWER DRIVE KEY WEST FL 33040		10. Name and Address of New Registered Agent	
		81 Name JOE WARRING	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code FL 33040

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]* DATE **4/30/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES	11 TITLE	☐ Change ☐ Addition
NAME	WEBSTER, WILLIAM	12 NAME	
STREET ADDRESS	COURT HOUSE SQUARE #7 HIGH DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	☒ Change ☐ Addition
NAME	KENYON, NORMAN	22 NAME	MARSHA VAN DUREN
STREET ADDRESS	9855 S.W. 89TH AVENUE	23 STREET ADDRESS	4500 FILLER COVE RD
CITY-ST-ZIP	MIAM FL	24 CITY-ST-ZIP	BIG TORCH KEY, FL 33042
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 *[Signature]* DATE **4/30/97**

CR2E034 (9/96)