

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 # G85025

1. Corporation Name

THE PELICAN LANDSCAPE CO., INC.

Principal Place of Business

% PPANZO & MULLEN  
369 LEXINGTON AVE. 24TH FLOOR  
NEW YORK, NY. 10017-6559  
US

Mailing Address

% PPANZO & MULLEN  
369 LEXINGTON AVE. 24TH FLOOR  
NEW YORK, NY. 10017-6559  
US

2. Principal Place of Business

21 c/o Gene M. Pranzo  
230 Park Avenue

2a. Mailing Address

26 c/o Gene M. Pranzo  
230 Park Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 26th Floor

27 26th Floor

City & State

23 New York, NY

City & State

28 New York, NY

Zip

24 10169-0069

Country

25 USA

Zip

29 10169-0069

Country

30 USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1984

4. FEI Number

13-3202205

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS ☐ DELETE

NAME PRANZO, GENE M.  
STREET ADDRESS 369 LEXINGTON AV 24 FL  
CITY-ST-ZIP NEW YORK, NY. 10017

TITLE DVP ☐ DELETE

NAME TALFORD, RICHARD S.  
STREET ADDRESS 369 LEXINGTON AV 24 FL  
CITY-ST-ZIP NEW YORK NY 10017

TITLE DP ☐ DELETE

NAME TALFORD, DORIS K.  
STREET ADDRESS 369 LEXINGTON AV 24 FL  
CITY-ST-ZIP NEW YORK NY 10017

TITLE AT ☐ DELETE

NAME POTTER, CAROL  
STREET ADDRESS 369 LEXINGTON AV 24 FL  
CITY-ST-ZIP NEW YORK NY 10017

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME  
13 STREET ADDRESS 230 Park Avenue, 26th Floor  
14 CITY-ST-ZIP New York, NY 10169-0069

21 TITLE ☒ Change ☐ Addition

22 NAME  
23 STREET ADDRESS 230 Park Avenue, 26th Floor  
24 CITY-ST-ZIP New York, NY 10169-0069

31 TITLE ☒ Change ☐ Addition

32 NAME  
33 STREET ADDRESS 230 Park Avenue, 26th Floor  
34 CITY-ST-ZIP New York, NY 10169-0069

41 TITLE ☒ Change ☐ Addition

42 NAME  
43 STREET ADDRESS 230 Park Avenue, 26th Floor  
44 CITY-ST-ZIP New York, NY 10169-0069

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 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: Gene M. Pranzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-02-99

Date

212-682-3700

Daytime Phone #

CR2E034 (11/98)