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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H10119** **(6)**

1. Corporation Name

PELICAN OAKS, INC.

T. C. Gull
W1446 S. Shore Dr.
East Troy, WI 53120-2102

Principal Place of Business	Mailing Address
7532 W LINCOLN AVE W ALLIS WI 53219	7532 W LINCOLN AVE W ALLIS WI 53219

3. Date Incorporated or Qualified: **06/28/1984**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2442475** ☐ 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
21 101 BAYSHORE RD	26 W1446 SOUTHSHORE DR.
22 Suite, Apt. #, etc. C	27 Suite, Apt. #, etc. EAST TROY WI.
23 City & State NOKOMIS FL	28 City & State
24 Zip 34275 25 Country USA	29 Zip 53120 30 Country USA

9. Name and Address of Current Registered Agent

GULL, THOMAS C
101 BAYSHORE DR.
NOKOMIS FL 34275

10. Name and Address of New Registered Agent

81 Name THOMAS C. GULL
82 Street Address or P.O. Box Number 101. BAYSHORE ROAD
83
84 City NOKOMIS FL 85 Zip 34275

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 Thomas C. Gull SD THOMAS C. GULL 3-8-96
Signature, type or print name of registered agent, and the date. DATE Registered Agent Signature required when changing registered office

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARRISON, ROBERT W. 101 BAYSHORE RD. NOKOMIS FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GRANDGEORGE, ED 101 BAYSHORE RD. NOKOMIS FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GULL, THOMAS C. W1446 SOUTHSHORE DR EAST TROY WI	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD EVANS, WM 2041 PORTWAY AVE. MISSISSAUGA, ONTARIO	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition Reply Bank 200 cc

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)(k), 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: Thomas C Gull 3-8-96 414-642-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
THOMAS C GULL SG 4-29-96

CR2E034 (12/95)