FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H22644** **(9)**

1. Corporation Name
PELICAN ESTATES, INC.

Principal Place of Business	Mailing Address
% WILLIAM F. KOCH JR. 214 NE 4TH ST. DELRAY BEACH FL 33444	% WILLIAM F. KOCH JR. 214 NE 4TH ST. DELRAY BEACH FL 33444

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/25/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-2519551 ☐ 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

9. Name and Address of Current Registered Agent

KOCH, WILLIAM F., JR.
900 EAST ATLANTIC AVENUE
#14
DELRAY BEACH FL 33444

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	V	☒ Change ☐ Addition
NAME	KOCH, WILLIAM F., JR.	1.2 NAME	Koch, William F. III	
STREET ADDRESS	900 E ATLANTIC AVE #14	1.3 STREET ADDRESS	900 E Atlantic Ave., #14	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	DV	2.1 TITLE	T/S	☒ Change ☐ Addition
NAME	BERLIS, DOUGLAS A.	2.2 NAME	Gwynn, William E.	
STREET ADDRESS	15TH FL 145 KING ST	2.3 STREET ADDRESS	214 N.E. 4th St.	
CITY-ST-ZIP	TORONTO, CANADA	2.4 CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	STROYAN, COLIN S. R.	3.2 NAME		
STREET ADDRESS	SEVEN ROTHESAY TERRACE	3.3 STREET ADDRESS		
CITY-ST-ZIP	EDINBURGH, SCOTLAND	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	LAWSON, PETER HALFORD	4.2 NAME		
STREET ADDRESS	INVERESK HOUSE 1 ALDWYCH	4.3 STREET ADDRESS		
CITY-ST-ZIP	LONDON, ENG.	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	KOCH, WILLIAM F. III	5.2 NAME		
STREET ADDRESS	900 E ATLANTIC AVE #14	5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH. FL	5.4 CITY-ST-ZIP		
TITLE	AST	6.1 TITLE		☐ Change ☐ Addition
NAME	GWYNN, WILLIAM E	6.2 NAME		
STREET ADDRESS	214 NE 4TH ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH. FL	6.4 CITY-ST-ZIP		

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: _____ **William E. Gwynn** 4/27/95 **407-276-6116**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067271 CP