

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90109 044 ***150.00

DOCUMENT # H22644

1. Corporation Name
PELICAN ESTATES, INC.

Principal Place of Business

% WILLIAM F. KOCH, JR.
214 NE 4TH ST.
DELRAY BEACH FL 33444

Mailing Address

% 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

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 owes the current year intangible
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE

NAME KOCH, WILLIAM F. III
STREET ADDRESS 900 E. ATLANTIC AVE., #14
CITY-ST-ZIP DELRAY BEACH FL

1.1 TITLE ☐ Change ☐ Addition

TITLE TS ☐ DELETE

NAME GWYNN, WILLIAM E.
STREET ADDRESS 214 N.E. 4TH ST.
CITY-ST-ZIP DELRAY BEACH FL

1.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME STROYAN, COLIN S. R.
STREET ADDRESS SEVEN ROTHESAY TERRACE
CITY-ST-ZIP EDINBURGH, SCOTLAND

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME LAWSON, PETER HALFORD
STREET ADDRESS INVERESK HOUSE 1 ALDWYCH
CITY-ST-ZIP LONDON, ENG.

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME KOCH, WILLIAM F. III
STREET ADDRESS 900 E ATLANTIC AVE #14
CITY-ST-ZIP DELRAY BCH. FL

2.1 TITLE ☐ Change ☐ Addition

TITLE AST ☐ DELETE

NAME GWYNN, WILLIAM E
STREET ADDRESS 214 NE 4TH ST.
CITY-ST-ZIP DELRAY BCH. FL

2.2 NAME ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99 561-278-4994

CR2E034 (11/98)

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