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Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H50251 (8)

1. Corporation Name
PELICAN OF ST. JOHNS COUNTY, INC.

Principal Place of Business
308 S. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084
US

Mailing Address
308 S. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084-4218
US



3. Date Incorporated or Qualified 04/03/1985
3a. Date of Last Report 04/25/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2523292		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		Not Applicable	
23		28		8. This corporation has liability for intangible tax under s. 199.032		Florida Statutes	
Zip		Zip		Yes		No	
24		29		Country		Country	
25		30					

9. Name and Address of Current Registered Agent

PATRICIA A EATON
308 S. PONCE DE LEON BLVD
ST. AUGUSTINE FL 32308

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	PATRICIA A. EATON	1.2 NAME	
STREET ADDRESS	308 S. PONCE DE LEON BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	
NAME	EATON, ROSWELL W. S	2.2 NAME	
STREET ADDRESS	308 S. PONCE DE LEON BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	
NAME	EATON, SHAWN T.	3.2 NAME	
STREET ADDRESS	308 S. PONCE DE LEON BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	
NAME	EATON, ROSWELL W., JR.	4.2 NAME	
STREET ADDRESS	308 S. PONCE DE LEON BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: *P.A. Eaton* PATRICIA A. EATON

3-12-97 904-824-7775

CR2E034 (9/96)