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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name J20000

PELICAN PRODUCTS CORPORATION

Principal Plac	ce of Business	Mailing Address		_			1141 0 3 17 0 1 3 14 0 1	B1811 K18	alait 2:81:1 49)
527 ANCLOTE RD. 527 ANCLOTE RD.									
TARPON SPRINGS FL 34689 TARPON SPRINGS FL 3468			4689			DO NOT WITH	TO INI TUPO	SBACE	
						3. Date Incorporated or Qualifed	IE IN I I II I	SPACE	
						06/18/1986			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-2699425			Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.							Additional
22		27				5. Certifcate of Status Desired		,	Required
City & Sta	te	City & State				6. Election Campaign Financing		\$5.0	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cour	ntry	•	8. This corporation owes the curr	ent year Inta	ngible	
24	25	29	30			Personal Property Tax.		Yes	□ ••••
	9. Name and Address of Currer					10. Name and Address of New R	tegistered /	Agent	
004	A TAKE LEVEL STATES			81 N	Name				
UH	ME, JOHN B	**!	. }	82 5	Street Addre	ress (P.O. Box Number is Not Accepta	ible)		
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IAR	RPON SPRINGS FL 34689		Ī	83					
	,		ļ	24			Y 10 1	1221 2	419° (1) 72°
			Į	84 0	City		FL	85 Zip	Code
office or agent. (a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was	authorized	by the	amed corpo e corporatio	oration submits this statement for the on's board of directors. I hereby accept	purpose of o t the appoin	changing i	ts registered registered
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga Signature, typed or printed name of registered agei	of Florida. Such change was tions of, Section 607.0505, F	authorized lorida Statu TE: Registered	by the tes.	e corporatio	on's board of directors. I hereby accept	t the appoin	tment as	registered
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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 suppliemental annual report is frue and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation of 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 effective memory with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP ...

FILED

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90061 014 ***150.00

CR2E034 (11/98)