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 MAR 15 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K31570 (0)

1. Corporation Name
PELICAN POOL CARE, INC.

Principal Place of Business	Mailing Address
% KIMBERLY LEACH JOHNSON 4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 33940 US	% KIMBERLY LEACH JOHNSON 4501 TAMIAMI TRAIL N SUITE 300 NAPLES FL 33940 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/18/1988
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0067397 ☐ 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

JOHNSON, KIMBERLY LEACH
4501 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES FL 33940

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	PD	1.1 TITLE	CHAIRMAN BOARD OF DIR.	☒ Change ☐ Addition
NAME	BLADICH, GARY	1.2 NAME	BLADICH, GARY	
STREET ADDRESS	293 WEST AVENUE	1.3 STREET ADDRESS	293 WEST AVE	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES, FL	
TITLE	TD	2.1 TITLE	~~TD~~	☐ Change ☐ Addition
NAME	BLADICH, ELEANORE	2.2 NAME		
STREET ADDRESS	293 WEST AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	BLADICH, JAMES	3.2 NAME	BLADICH, JAMES	
STREET ADDRESS	293 WEST AVENUE	3.3 STREET ADDRESS	293 WEST AVE	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	NAPLES, FL	
TITLE	SD	4.1 TITLE	S,VD	☒ Change ☐ Addition
NAME	BLADICH, DOUGLAS	4.2 NAME	DOUGLAS BLADICH	
STREET ADDRESS	293 WEST AVENUE	4.3 STREET ADDRESS	293 WEST AVE	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	NAPLES, FL 33963	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: James C Bladich JAMES C BLADICH 3/7/95 (813)597-5998
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

000044 GR