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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # K98689

(8)

PELCO PROPERTIES, INC.

| FILED              |
|--------------------|
| Feb 21 1997 8:00am |
| Secretary of State |

|--|--|

| Principal Place of Business Mailing Address |   |                                      |                               | -{   |                                   |                                   |  |
|---|---|--------------------------------------|-------------------------------|--|-----------------------------------|-----------------------------------|--|
|   |   |                                      | * •                           |  |                                   |                                   |  |
|   |   | 2917 LIVINGTON ROAD                  |                               |  |                                   |                                   |  |
| STE. 101                                    | E El 99909  | STE. 101<br>Tallahassee Fl 32303-304 | 19                            | ·  |                                   |                                   |  |
| TALLAHASSEE FL 32303-3043<br>US US          |   |                                      | •                             | 3. Date incorporated or Qualified 06/28/1989 | 3a. Date of Last Re<br>04/10/1996 | Date of Last Report<br>)4/10/1996 |  |
| 2. Principal l                              | Place of Business                                 | 2a. Mailing Address                  |                               | 4. FEI Number                                | Ap                                | plied For                         |  |
| 21  |   | 26 4305 mai                          | ilox Rd                       | 59-2956439                                   | No                                | t Applicable                      |  |
| Sute, Apt                                   | . #, elc  | Suite, Apt. #, etc.                  | <del>}</del>                  |  | \$8.75                            | Additional                        |  |
| 22  |   | 27                                   |                               | Certificate of Status Desired                | Fee Re                            | quired                            |  |
| City & Sta                                  | ite   | City & State                         | This,                         | 6. Election Campaign Financing               | \$5.00                            | May Be                            |  |
| 23  |   | 28 tallahass                         | ee leon                       | Trust Fund Contribution                      | Added t                           |                                   |  |
| Zip   | Country   | Zip                                  | Country                       | 8. This corporation has liability for it     |                                   | 199.032,                          |  |
| 24  | 25  | 29 32308 3                           | o keen                        |  | Yes No                            |                                   |  |
|   | 9. Name and Address of Curren                     | nt Registered Agent                  |                               | 10. Name and Address of New Re               | istered Agent                     |                                   |  |
| PE  | LHAM, BILLY G.                                    |                                      | B1 Name                       |  |                                   |                                   |  |
|   | 05 MAYLOR ROAD                                    |                                      | 82 Street A                   | ddress (P.O. Box Number is Not Acceptab      | le)                               |                                   |  |
|   | LLAHASSEE FL 32308                                |                                      | 000                           | sayoo ( .e. say ) to hoo to hot hoopias      | ,                                 |                                   |  |
| •••   |   |                                      | 83                            |  |                                   |                                   |  |
|   |   |                                      | 24 03                         |  | 85 Zip (                          | Pode                              |  |
|   |   |                                      | 84 City                       |  | FL 85 Zip (                       | Joue                              |  |
| 11. Pursuan                                 | t to the previsions of Sections 607.050           | 2 and 607.1508, Florida Statutes     | , the above-named c           | orporation submits this statement for the p  | Proces of changing it             | s registered                      |  |
| office or                                   | reg stered agent, or both, in the State           | of Florida. Such change was au       | thorized by the corpo         | ration's board of directors. I hereby accep  | t the appointment as              | registered                        |  |
| agent. I                                    | //  | Alloot of, Section 607.0505, Flori   | da Statutes.                  |  | 2/10/1                            | 211                               |  |
| SIGNATURE                                   | Signature typed only bytod name of registered age | And and the Hamblinghia (NOTE)       | Registered Agent signature re | outred when reinstation)                     | DATE                              |                                   |  |
| 12.   |   | D DIRECTORS                          | <b>1</b> 13.                  | ADDITIONS/CHANGES TO OFFIC                   | ERS AND DIRECTOR                  | S IN 12                           |  |
| TITLE                                       | DP  | DELETE                               | 1.1 TITLE                     | CEO A  | Change                            | Addition                          |  |
| NAME  | PELHAM, BILLY G.                                  | <del></del>                          | 1.2 NAME                      | Billy G. Helham                              |                                   |                                   |  |
| STREET ADDRESS                              | ****  |                                      | 1.3 STREET ADDRESS            | 4305 maylor RL                               |                                   |                                   |  |
|   | JALLAHASSEE FL                                    |                                      | 1.4 CiTY-ST-ZIP               | TOIL. FL 32308                               |                                   |                                   |  |
| CITY-ST-ZIP<br>TITLE                        | CEO   | DELETE                               | 21 TITLE                      | Director of Mari                             | Change Change                     | Addition                          |  |
| NAME  | PELHAM BILLY G.                                   | Land Division                        | 22 NAME                       | man w Delham                                 |                                   |                                   |  |
|   | ARRE MANION DO                                    |                                      | 2.3 STREET ADDRESS            | 6411 Stone Stre                              | et trail                          |                                   |  |
| STREET ADDRESS                              | TALLAHASSEE FL                                    |                                      |                               | rall. FL 32308                               |                                   |                                   |  |
| CHTY - ST - ZIP                             | -INLLATINGUEE TE                                  | DELETE                               | 2.4 CITY-ST-ZIP<br>3.1 TITLE  |  | Change                            | Addition                          |  |
| TITLE                                       |   | F"1 percie                           |                               |  | - Limit Unanigo                   | First Country!                    |  |
| NAME  |   |                                      | 3.2 NAME                      |  |                                   |                                   |  |
| STREET ADDRESS                              |   |                                      | 3.3 STREET ADORESS            |  |                                   |                                   |  |
| CITY - S1 - ZIF                             |   | Morier                               | 3.4. CITY- \$T-ZIP            |  | Change                            | Addition                          |  |
| TILE  |   | ☐ DELETE                             | 4.1 TITLE                     |  | L. Change                         | FT Magning                        |  |
| NAME  |   |                                      | 4. 2 NAME                     |  |                                   |                                   |  |
| STHEEL ADDRESS                              | <u> </u>  |                                      | 4.3 STREET ADDRESS            |  |                                   |                                   |  |
| CITY - ST - 7IP                             |   |                                      | 4.4 CITY-ST-ZIP               |  | 1-1-6                             | [ ] A330:-                        |  |
| TITLE                                       |   | ☐ OELETE                             | 5.1 TITLE                     |  | ☐ Change                          | Addition                          |  |
| NAME  |   |                                      | 5.2 NAME                      |  |                                   |                                   |  |
| STREET ADDRESS                              | 6 <b> </b>  |                                      | 5.3 STREET ADDRESS            |  |                                   |                                   |  |
| D-TY - ST - ZIF                             |   |                                      | 5.4 CITY-ST-ZIP               |  |                                   |                                   |  |
| TI*{.E                                      |   | ☐ DELETE                             | 6.1 TITLE                     |  | ☐ Change                          | Addition                          |  |
| NAME  |   |                                      | 6.2 NAME                      |  |                                   |                                   |  |
| STREET ADDRESS                              | i   |                                      | 6.3 STREET ADDRESS            |  |                                   |                                   |  |
| C:TY-ST-ZiP                                 |   |                                      | 6.4 CITY-ST-ZIP               |  |                                   |                                   |  |
|   |   |                                      |                               |  |                                   |                                   |  |

14. Loo 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.