PELICAN PLUMBING, INC.

DOCUMENT #

Principal Place of Business

1. Corporation Name



L42526

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mailing Address

Aug 02, 1999 8:00 am Secretary of State

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15800 BROTHERS CT. 15800 BROTHERS COURT										
#4 FORT MYERO EL 22012		FORT MYERS FL 33912 US		DO NOT WRITE IN THIS SPACE						
FORT MYERS FL 33912 US				3. Date Incorporated or Qualifed						
					01/16/1990			A		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			Applied For		
21 SAML		26 SAML			59-2985927			Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		•	Additional Required		
City & State		City & State	¬ '			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country		Zip	Zip Country			8. This corporation owes the curre	ent year Inta	ngible ∐Yes	□No	
24 25 29 3 9. Name and Address of Current Registered Agent			Personal Property Tax. Yes UNO 10. Name and Address of New Registered Agent							
	9. Name and Address of Curren	t Registered Agent	— 81	l Nam		IV. Name and Address of New P	egistereu r	- Seur		
HOHOV BICHARD					5Ame					
HOUCK, RICHARD 18714 SPRUCE DR., W.			82	2 Stre	et Addre	Address (P.O. Box Number is Not Acceptable)				
FT. N	MYERS FL 33912		83		_		_			
İ			84	City			FL	85 Zi	p 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 ager	D DIRECTORS	13.	ent signatu	re requireo	when reinstating) ADDITIONS/CHANGES TO OF	_	D DIREC.	TORS IN 12	
12.		DELETE DELETE	1,1 TITLE			ADDITIONS/GITANGES TO GIT	702110711	Change		
TITLE	PTD	C percue	1.2 NAME							
NAME STREET ADDRESS	HOUCK, RICHARD 18714 SPRUCE DR., W.			T ADDRE	ss					
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-		~					
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NAME	HOUCK, RICHARD		2.2 NAME		ĺ					
STREET ADDRESS	18714 SPRUCE DR., W.		2.3 STREET ADDRESS		ss					
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NAME			6.2 NAME							
STREET ADDRESS				ET ADORE	SS					
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 trusted 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: