FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name : 11

DOCUMENT # M75154

PELICAN ELECTRICAL GROUP, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90021 050 ***150.00

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							BLELS RIBULTERS	
Principal Place	e of Business	Mailing Address			i (Bhidhi) itt innu minn itnu eint gint gent			
207 TOWER DR	RIVE	207 TOWER DRIVE						
UNIT B UNIT B					DO NOT WRITE IN THE SPACE			
OLDSMAR FL 34677 OLDSMAR FL 34677					DO NOT WRITE IN THIS SPACE			
Ĺ					3. Date Incorporated or Qualifed		ļ	
					04/04/1988			
2. Principal P	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	<u> </u>	oplied For	
21	26				59-2883151		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	•	Additional equired	
22		27 City & State					<u> </u>	
- City & Stat	Bank	· -					May Be to Fees	
23 Zin	Country	28	Country	,			10 1 000	
Zip		— —	Country		 This corporation owes the current year I Personal Property Tax. 	Yes	□No	
24	9. Name and Address of Current				10. Name and Address of New Registere			
	5. Name and Address of Current	, Registered Agent	81	Name	102)10110			
WILL	JAMS, DAVID L.							
	S TALAH DRIVE		82	Street Add	ress (P.O. Box Number is Not Acceptable)			
	M HARBOR FL 34684		83					
			100					
			84	City	F	85 Zip	Code .	
		LOOT 4500 Fledde Olean					registered	
office or r	edistered agent, or both, in the State of	of Florida. Such change was autho	rizea by	the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	ointment as re	egistered	
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	Statutes	· '				
SIGNATURE					ed when reinstating) DATE			
	Signature, typed or printed name of registered agent			nt signature require	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	OPS IN 12	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition	
TITLE	P DANGE DANGE I	□ DECE TE				Grange		
NAME	WILLIAMS, DAVID L		1.2 NAME					
STREET ADDRESS	3886 TALAH DRIVE			TADDRESS				
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		☐ Change	Addition	
TITLE			2.1 TITLE	ļ		C viralige		
NAME	TILLI WITCH		2.2 NAME					
STREET ADDRESS	THE THE TENTE OF T			TADDRESS				
CITY-ST-ZIP.			2. 4 CITY-8	ST-ZIP	<u> </u>	Change	Addition	
TITLE	ĺ		3.1 TITLE			□ change		
NAME			3.2 NAME				į	
STREET ADDRESS		i	3.3 STREE	TADORESS				
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAME	1				
STREET ADDRESS			4.3 STREE	TADORESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE	Ì		☐ Change	Addition	
NAME	1		5.2 NAME					

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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition