

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

FILED

**May 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # M99247 (2)

1. Corporation Name
PELICAN OIL CORPORATION



Principal Place of Business 2865 EXECUTIVE DRIVE C/O COPPERWHEAT, JACQUELYN CLEARWATER FL 34622 US	Mailing Address 2865 EXECUTIVE DRIVE C/O COPPERWHEAT, JACQUELYN CLEARWATER FL 34622-3316 US
--	---

3. Date Incorporated or Qualified 09/20/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2948208	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**RICE, MARTIN ERROL
696 FIRST AVE N STE 400
ST PETERSBURG 33701**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	COPPERWHEAT, JACQUELYN
STREET ADDRESS	2865 EXECUTIVE DRIVE
CITY-ST-ZIP	CLEARWATER FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	RISSEY, P N III
STREET ADDRESS	2865 EXECUTIVE DRIVE
CITY-ST-ZIP	CLEARWATER FL
TITLE	V <input type="checkbox"/> DELETE
NAME	KATCHUK, KERRY
STREET ADDRESS	2865 EXECUTIVE DRIVE
CITY-ST-ZIP	CLEARWATER FL
TITLE	V <input type="checkbox"/> DELETE
NAME	MITCHELL, BRUCE
STREET ADDRESS	2865 EXECUTIVE DRIVE
CITY-ST-ZIP	CLEARWATER FL
TITLE	T <input type="checkbox"/> DELETE
NAME	CURRAN, JOHN
STREET ADDRESS	2865 EXECUTIVE DRIVE
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Jacquelyn M Copperheat* **Jacquelyn M Copperheat** 4/2/97 (813) 573-5353

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E034 (9/96)