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FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000011037
1. Corporation Name

PELICAN MOTORS, INC.

Principal Place of Business Mailing Address

2746 Fowler Street
Fort Myers, Fl. 33901

3. Date Incorporated or Qualified 3a. Date of Last Report
Dec. 10, 1992 4-18-96

2. Principal Place of Business 2a. Mailing Address

21 State, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country 30 Zip Country

4. FEI Number Applied For
65-0370545 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

10. Name and Address of New Registered Agent

Dave T Marshman
17339 Meadowlake Circle
Fort Myers, Fl. 33912

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 Dave T Marshman, President

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 NAME ☐ DELETE

11 NAME Dave T Marshman
11 STREET ADDRESS 17339 Meadowlake Circle
11 CITY-ST-ZIP Fort Myers, Fl 33912

12 NAME ☐ DELETE

12 NAME Michael Demontigny
12 STREET ADDRESS 5020 Pelican Blvd.
12 CITY-ST-ZIP Cape Coral, Fl. 33990

13 NAME ☐ DELETE

13 NAME JoAnn M. Smith
13 STREET ADDRESS 154 Serena Court
13 CITY-ST-ZIP North Fort Myers, Fl. 33903

14 NAME ☐ DELETE

14 NAME
14 STREET ADDRESS
14 CITY-ST-ZIP

15 NAME ☐ DELETE

15 NAME
15 STREET ADDRESS
15 CITY-ST-ZIP

16 NAME ☐ DELETE

16 NAME
16 STREET ADDRESS
16 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS ☐ Change ☐ Addition

14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition

22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS ☐ Change ☐ Addition

24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS ☐ Change ☐ Addition

34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS ☐ Change ☐ Addition

44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS ☐ Change ☐ Addition

54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS ☐ Change ☐ Addition

64 CITY-ST-ZIP ☐ Change ☐ Addition

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-04/23/97--01100--021

***165.00

14. I do 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 contained 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: Dave Marshman

(Signature and typed or printed name of signing officer or director)

Date

(941) 332-8008

Daytime Phone #

CR2E034 (9/96)