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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000011037 (8)

PELICA	N MOTORS, INC.			4 10 0 11 00 1 10 1 10 110 110 110 11 1 0 0 111 1 0 0 111 1 0 0 111 1	1811 (1811 (1814 1818 1818 (1811 (1811 1818)
Principal Plac	ce of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	I AMBERGOR AND LOUISE FLOUR OURSE OURSE CONTAC	0103 11 04 0 11011 40 100 13111 1601 1601
2746 FOWLER	R STREET	2746 FOWLER STREET			
FORT MYERS FL 83901 FORT MYERS FL 33		FORT MYERS FL 33901		DO MOT MONTS IN THE OPERAT	
US		U\$		DO NOT WRITE IN	THIS SPACE
ļ				3. Date Incorporated or Qualified	
a Principal P	Place of Business	2s. Mailing Address		12/10/1992 4. FEI Number	1 14-1-45-
21	race of Dosniess	26. Walling Address			Applied For
Suite, Apt	#. etc.	Suite, Apt, #, etc.		65-0370545	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		· · · · · · · · · · · · · · · · · · ·	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid t	
24	25		30	Personal Property Tax due June 30	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Regis	tered Agent
MA	krshman, david t		81 Name		
17339 MEADOWLAKE CIRCLE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
FO.	RT MYERS FL 33912				
			83		
			84 City		- 85 Zip Code
					FL []
 office or r 	registered agent, or both, in the State.	of Florida, Such change was au	sthorized by the corporati	oration submits this statement for the purp ion's board of directors. I hereby accept the	cose of changing its registered
agent la	im familiar with, and accept the obliga	ations of, Section 607 0505, Flori	ida Statutes.	· · · · · · · · · · · · · · · · · · ·	4/28/98
SIGNATURE	1-1-1	Purlit			7/2/78
40	Signature, typy or printed name of registered age OFFICERS AND		Registered Agent signature require		DATE /
12.	D OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	MARSHMAN, DAVID T		1.2 NAME		change Addition
STREET ADDRESS	17339 MEADOWLAKE CIRCLE	:	1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33912	•	1.4 CiTY-ST-ZiP		
TITLE	V	☐ DELETE	2.1 TITLE		Change Addition
NAME	DEMONTIGNY, MICHAEL		2.2 NAME		— • • • • • • • • • • • • • • • • • • •
STREET ADDRESS	5020 PELICAN BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33990		2. 4 CITY - ST - ZIP		
TITLE	ST ST	DELETE	3.1 TITLE		Change Addition
NAME	SMITH, JOANN M	_	3.2 NAME		
STREET ADDRESS	154 SERENA COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS FL 339	03	3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
6/TV 67 710			CACITY CT 71D		;

14. Thereby 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.

11/10/60

FILED

May 06 1998 8:00am

Secretary of State