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Apr 29 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 # P95000022597 (5)

1. Corporation Name

PELICAN STRAND DEVELOPMENT CORPORATION

Principal Place of Business

% DAVID M. MOBLEY, SR.
10621 AIRPORT PULLING ROAD N. SUITE 1
NAPLES FL 34104

Mailing Address

% DAVID M. MOBLEY, SR.
10621 AIRPORT PULLING ROAD N. SUITE 1
NAPLES FL 34109-1589

3. Date Incorporated or Qualified
03/20/1995

3a. Date of Last Report
06/17/1996

2. Principal Place of Business

2a. Mailing Address

21 c/o Renee Tolson
Suite, Apt. #, etc.

26 c/o Renee Tolson
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

4. FEI Number
65-0567795

Applied For
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

MOBLEY, DAVID M SR
10100 VALEWOOD DR.
NAPLES FL 33999

81 Name Mobley, David Sr
82 Street Address (P.O. Box Number is Not Acceptable)
10621 Airport Road N. #
83 Suite 1
84 City Naples FL 85 Zip Code 34109

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 of principal 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 the provisions of Sections 607.0502 and 607.1508, Florida Statutes.

SIGNATURE

Signature of registered agent or principal agent of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

4/22/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME HARDEY, PAUL
STREET ADDRESS 10100 VALEWOOD DR.
CITY-ST-ZIP NAPLES FL 33999

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 10621 Airport Road, N. Suite #1
1.4 CITY-ST-ZIP Naples, FL 34109

TITLE ☐ DELETE
NAME ST
STREET ADDRESS TOLSON, RENEE
CITY-ST-ZIP 10100 VALEWOOD DR.
NAPLES FL 33999

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 10621 Airport Road, N. Suite #1
2.4 CITY-ST-ZIP Naples, FL 34109

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0414471

CR2E034 (9/96)