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

PROFIT
CORPORATION
ANNUAL REPORT

1997

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 18 1997 8:00am

Secretary of State

☐ Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000023764 (0)

PELICAN COAST PUBLICATIONS, INC.

Principal Place of Business Mailing Address 1623 S.E. 16TH ST. 1623 S.E. 16TH ST. CAPE CORAL FL 33990 **CAPE CORAL FL 33990-3873** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/22/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. EEI Number Applied For 65-0571616 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Gamma$ 28 **1 rust Fund Contribution** Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Tyes XI No 25 ☐ Yes ∬ No 29 Florida Statutes 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name В1 CARTER, RAY S 1623 S.E. 16TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33990 83 84 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. Thereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) PCarter GARTHER, RAY S DELETE TITLE 1.111111 Change Addition NAME 1.2 NAME CR2E034 1623 S.E. 16TH ST. STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL 33990 CITY-ST-ZIP 14 CHY- \$1 - ZIP ATHER, DALE DELETE TITLE 21 TIME Change Addition NAME 2.2 NAME 1623 S.E. 16TH ST. STREET ADDRESS 2.3 STREET ADDRESS CAPE CORAL FL 33990 CITY-ST-ZIP 2 4 CITY-S1-ZIP DELFTE TITLE Change Addition 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. City - ST- ZIP DELFTE TITLE 4.1 THLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE TITLE Change Addition 5.110 LE

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 eath; 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.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CHY-ST-ZIP

5.4 CITY-ST-ZIP