

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

PROFIT
CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90432 049 ***150.00

DOCUMENT # **P95000023764**

1 Corporation Name
PELICAN COAST PUBLICATIONS, INC.

Principal Place of Business
**1623 S.E. 16TH ST.
CAPE CORAL FL 33980**

Mailing Address
**1623 S.E. 16TH ST.
CAPE CORAL FL 33980**

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified

03/22/1995

4 FEI Number

65-0571616

Applied For
Not Applicable

5 Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6 Election Campaign Contributions
Trust Fund Contribution

\$5.00 May be
Added to Fees

8 This corporation owes the current year Intangible
Personal Property Tax ☐ Yes ☒ No

10 Name and Address of New Registered Agent

2 Principal Place of Business

21 Suite Apt. # etc.

22 City & State

23 Zip

Country

24

25

2a Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9 Name and Address of Current Registered Agent

**CARTER, RAY S
1623 S.E. 16TH ST.
CAPE CORAL FL 33980**

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

83

84 City

FL

85 Zip Code

14 Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

Signature, Type or Print Name of Registered Agent and Fee Payer (Block 12)

Signature, Type or Print Name of Registered Agent and Fee Payer (Block 13)

PAGE

OFFICERS AND DIRECTORS

12	13
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
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NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13	14
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
TITLE	TITLE
NAME	NAME
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CITY, STATE, ZIP	CITY, STATE, ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 this corporation, or the person authorized 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 addition as required by Chapter 607, Florida Statutes.

Ray S. Carter

4/25/00