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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000025954 (5)

PELICAN POOL SERVICES, INC.

FILED Feb 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address P.O. BOX 916 P.O. BOX 916 MIAMI FL 33197 MIAMI FL 33197 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/31/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0569466 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intargible 30 Personal Property Tax due June 30. 24 25 29 ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 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 Signature, typed or printed name of registered agent and title if applicable 12, **CFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ■ DELETE 1.1 TITLE Change Addition HINCHEY, PAUL E. NAME 1.2 NAME P.O. BOX 916 NIN STREET ADDRESS 1.3 STREET ADDRESS MIAM! FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE HINCHEY, ELIZABETH D NAME 22 NAME PO BOX 916 NA STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST-ZIP DELETE TITLE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition | TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP

14. I 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 changes or on an attachment with in address.

SIGNATURE:

Mheir: ElElizabeth Hinchey 1/7/98 229-6407