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Apr 23 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 # P95000044278 (6)

1. Corporation Name
PELAGIC SOLUTIONS, INC.



Principal Place of Business: 3009 W 20TH CT PANAMA CITY FL 32405 US
Mailing Address: 3009 W 20TH CT PANAMA CITY FL 32405-1820 US

3. Date Incorporated or Qualified: 06/08/1995
3a. Date of Last Report: 04/08/1996

2. Principal Place of Business: 21 3009 W 20th Ct.
2a. Mailing Address: 26 3009 W 20th Ct.

4. FEI Number: 59-3324188
Applied For: Not Applicable

22. City & State: Panama City, FL
27. City & State: Panama City, FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. Zip: 32405 Country: USA
28. Zip: 32405 Country: USA

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24. 25. 29. 30. (Fields for name and address of current registered agent)

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

ISLER, CHARLES S III
434 MAGNOLIA AVE
PANAMA CITY FL 32402

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include Stephen W. Dunnivant and Jill M. Dunnivant.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows 1-4 for additions or changes to officers and directors.

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] DATE: 3/10/97 (904) 769-1111

CR2E034 (9/96)