## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P96000070096 (8)

PELICAN PROPERTIES BAYSIDE, INC.

## **FILED** Oct 07 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			
622 SAWARA CIRCLE 622 SAWARA CIRCLE					
PENSACOLA FL 32508 PENSACOLA FL 32506				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	S SPACE
				08/21/1996	
2. Principal Pi	lace of Business	2a. Mailing Address	DARA CIR.	4. FEI Number	Applied For
21	N/H	2a. Malling Address Al	UAKA UK.	59-3401235	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State	7	6. Election Campaign Financing	\$5.00 May Be
23		28 PENSA CO	CA. FU	Trust Fund Contribution	Added to Fees
Zip	Country	Zip 32.506	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24	25	29	30 USA	Personal Property Tax due June 30.	Yes No D
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered	Agent
PALA	MER, <b>R</b> AYMOND B		81 Name		
400 (	GULF BREEZE PARKWAY, SU	IITE 202	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	<del></del>
GULF BREEZE FL 32561			62 Street Adult	ess (F.O. Box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
			'	FL	<b>-</b>   '
11. Pursuant office or agent. La	to the provisions of sections 607.0 registered agent, or both, in the Stam familiar with, and accept the ob-	0502 and 607.1508, Florida Statute Late of Florida. Such change was a oligations of, section 607.0505, Flo	s, the above-named corpor uthorized by the corporation or ida Statutes.	ration submits this statement for the purpose of cl on's board of directors. I hereby accept the appo	hanging its registered Intrnent as registered
SIGNATURE .			, , <u>, , , , , , , , , , , , , , , , , </u>		
	Signalure, typed or printed name of registered		TE: Registered Agent signature requ		MD DIDECTORS IN 12
12.	D	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PRICE, LINDA G	DELETE	1.1 TITLE		Change Addition
NAME	AND OTHER PRESE DARWAY SHITE ON		1.2 NAME		
STREET ADDRESS	CHIE RDECTE EL 30581		1.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FE 32301		1.4 CITY-ST-ZIP		<del></del>
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZiP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		*
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS	š"		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		·-	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	ertify that the information sympled	with this filing does not qualify for th		tion 119.07(3)(i). Florida Statutes, I further certify	that the information

I hereby certify that the information supplied with this filing does not quality 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.