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Apr 18 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 # P96000091886 (7)

1. Corporation Name

PELICAN TITLE SERVICES, INC.



Principal Place of Business

4450 CAMINO REAL WAY
FORT MYERS FL 33912

Mailing Address

4450 CAMINO REAL WAY
FORT MYERS FL 33912-1050

3. Date Incorporated or Qualified
11/08/1996

3a. Date of Last Report

2. Principal Place of Business

21 3411 Tamiami Trail No

Suite, Apt. #, etc.

22 Suite 204

City & State

23 Naples, Fl

Zip

Country

24 34103

25 Collier

2a. Mailing Address

26 3411 Tamiami Trail No

Suite, Apt. #, etc.

27 Suite 204

City & State

28 Naples, Fl

Zip

Country

29 34103

30 Collier

4. FEI Number

65-0708585

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

WALKER, T. GRANT
4450 CAMINO REAL WAY
FORT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name

Elaine Lucas

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

3411 Tamiami Trail North

83

SUITE 204

84

CITY NAPLES

FL

85

Zip Code

34103

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

Elaine Lucas

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D LUCAS, ELAINE
STREET ADDRESS 12861 OTTER LAKE COURT EAST
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 3411 Tamiami Trail No.

1.4 CITY-ST-ZIP Suite 204, Naples, Fl 34103

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Elaine Lucas

4-10-97 941-262-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)