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FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000005524 (8)

1. Corporation Name

PELICAN BAY OUTFITTERS & CO., INC.

Principal Place of Business

Mailing Address

6951 DEEP LAGOON LN
FORT MYERS FL 33919

6951 DEEP LAGOON LN
FORT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1997

4. FEI Number

65-0774792

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 CHADWICK'S SQUARE

26 P.O. BOX 665

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 310-320

27 City & State

City & State

28 CAPTIVA, FL

23 CAPTIVA, FL

29 City & State

24 33924

30 LEE

25 LEE

29 33924

26 LEE

30 LEE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAUGHER, BRIAN J
6951 DEEP LAGOON LN
FORT MYERS FL 33919

81 Name

BRIAN J. BAUGHER

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

15220 PORTSIDE DR. #202

83 City

PORTSIDE DR.

84 City

FT. MYERS, FL

85 Zip Code

FL

33908

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 BRIAN J. BAUGHER

[Signature]

JAN. 6 / 1998

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT
NAME BAUGHER, BRIAN J
STREET ADDRESS 15220 PORTS OF IONA DR #202
CITY-ST-ZIP FORT MYERS FL 33908 ☐ DELETE

1.1 TITLE DPT
1.2 NAME BAUGHER, BRIAN J.
1.3 STREET ADDRESS 15220 PORTSIDE DR. #202
1.4 CITY-ST-ZIP FORT MYERS, FL 33908 ☒ Change ☐ Addition

TITLE DVS
NAME BAUGHER, GARY D
STREET ADDRESS 6951 DEEP LAGOON LN
CITY-ST-ZIP FT MYERS FL 33919 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 changed, or on an attachment with an address.

SIGNATURE:

[Signature]

2/19/98

741-472-4717

CR2E034 (10/97)