## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P97000101652 (0)

PELICAN PLUMBING OF THE KEYS, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 16 1998 8:00am Secretary of State



BO42 PORPOR		8042 PORPOISE DRIVE MARATHON FL 33050						
		***************************************			DO NOT WRITE IN THIS	SPACE		
					<ol> <li>Date Incorporated or Qualified</li> <li>12/03/1997</li> </ol>			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	A:	pplied For	
21 204	1074 St. W.		) Box 622 787		65.079.8798	N	ot Applicable	
	rathon. FL	Suite, Apt. #, etc.	27		5. Certificate of Status Desired	5. Certificate of Status Desired Security Securi		
	<u> </u>	28 Mary thon Chures		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Ζ <sub>I</sub> p <b>24</b>	Country 25 Marroe	29 F-C	Count	y Turo (	This corporation owes or has paid the corporation of the		tangible No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent		
AM	IERILAWYER		8	Name				
1	3 ALMERIA AVENUE DRAL GABLES FL 33134		8:	Street	Address (P.O. Box Number is Not Acceptable)			
	MAL GADLES PL 33134		8:	1				
			6	City	Fi	<b>85</b> Zip	Code	
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	ites, the abor	/e-named	Corporation submits this statement for the numbers	of chancing i	ts registered	
	m familiar with, and accept the oblig	ations of, Section 607.0505, F	Torida Statute	)\$.	poration's board of directors. I hereby accept the ap	pointinent as	registered	
SIGNATURE	Stynature, typed or printed name of registered ag-	ent and little if applicable (NC	TE Registered A	ent signature	e required when reinstating) DATE		<del> </del>	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12	
TITLE	PD S	DELETE	1.1 TITLE		The state of the s	☐ Change	Addition	
NAME	osborne, timothy p		1.2 NAME					
STHEET ADDRESS	8042 PORPOISE DRIVE		1.3 \$TREE	T ADDRESS				
CITY-ST-ZIP	MARATHON FL 33050		1.4 CITY-	ST- ZIP			_	
TITLE	STD	DELETE	2.1 TITLE	<del></del>	5T	Change	Addition	
NAME	PIERCE, CHARLOTTE S	• •	2.2 NAME		DIANE L. OBBORNE			
STREET ADDRESS	8042 PORPOISE DRIVE		2.3 STREE	T ADDRESS	11555 6th Ave. DORAN			
CITY - S1 - ZIP	MARATHON FL 33050		2 4 CITY	ST-ZIP	MARATHON, FL. 3305	0		
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS			3 3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4, CITY	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAMI		<b>`</b>			
STREET ADDRESS			4.3 STREE	T ADDRESS			:	
CHTY ST-ZIP			4.4 CITY-	ST-ZiP				
THILE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME		•			
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	ADORESS				
CI1Y-51-2IP			6.4 CITY-	ST-ZIP				

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.