

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 PM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S80478

(8)

1. Corporation Name

PELICAN OF MARCO, INC.

Principal Place of Business

870 BALD EAGLE DRIVE
MARCO ISLAND FL 33937

Mailing Address

870 BALD EAGLE DR.
MARCO ISLAND FL 33937
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/16/1991

3a. Date of Last Report

08/05/1994

4. FEI Number

65-0291375

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 950 COLLIER BLVD.

2a. Mailing Address

26 950 COLLIER BLVD.

Suite, Apt. #, etc.

22 Ste. 413

Suite, Apt. #, etc.

27 STE. 413

City & State

23 MARCO ISLAND, FL

City & State

28 MARCO ISLAND, FL

Zip

24 33937

Country

25 USA

Zip

29 33937

Country

30 USA

9. Name and Address of Current Registered Agent

GREUSEL, JAMIE B.
1104 N. COLLIER BLVD.
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	KAST, RUTH A.
STREET ADDRESS	991 N. BARFIELD DR. 315
CITY - ST - ZIP	MARCO ISLAND FL
TITLE	VPS
NAME	KAST, FRANZ
STREET ADDRESS	991 N. BARFIELD DR. 315
CITY - ST - ZIP	MARCO ISLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	
1.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

RUTH A. KAST Ruth A. Kast

April 29, 1995

(813)642-4424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Block 13)