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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # V71526 (0)

1. Corporation Name
PELICAN APPRAISALS, INC.

Principal Place of Business	Mailing Address
895 S INDIANA AVE. ENGLEWOOD FL 34223	895 S INDIANA AVE. ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/12/1992
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business
21: 895 S. INDIANA AVE.
Suite, Apt. #, etc. 22: SUITE #109
City & State 23: ENGLEWOOD, FL
Zip 24: 34223 Country 25:

2a. Mailing Address
26: 895 S. INDIANA AVE.
Suite, Apt. #, etc. 27: SUITE #109
City & State 28: ENGLEWOOD, FL
Zip 29: 34223 Country 30:

4. FEI Number: 65-0360289 ☐ 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

PRESTON, SPERRY H.
4348-B N ACCESS RD
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent

81 Name: PRESTON, SPERRY H.
82 Street Address (P.O. Box Number is Not Acceptable): 895 S. INDIANA AVE., STE #109
83:
84 City: ENGLEWOOD FL 85 Zip Code: 34223

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	PRESTON, SPERRY H	1.2 NAME	
STREET ADDRESS	11450 LAFFITE PL.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	PRESTON, JANET B	2.2 NAME	
STREET ADDRESS	11450 LAFFITE PL.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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] 3/24/95 (813) 475-1676
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
SPERRY H. PRESTON

0338307 CP