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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # N29153 (6)

1. Corporation Name  
GULF COAST DUCKS UNLIMITED, INC.

Principal Place of Business Mailing Address  
C/O J. PATRICK FLOYD C/O J. PATRICK FLOYD  
P.O. BOX 950/408 LONG AVENUE P.O. BOX 950/408 LONG AVENUE  
PORT ST. JOE FL 32456 PORT ST. JOE FL 32456

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/08/1988 3a. Date of Last Report 03/23/1994  
4. FEI Number 59-2959974 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 29 Zip Country 30 Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
FLOYD, J. PATRICK  
408 LONG AVENUE  
PORT ST. JOE FL 32456

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE D  
NAME FLOYD, J. PATRICK  
STREET ADDRESS 1104 MONUMENT AVENUE  
CITY-ST-ZIP PORT ST. JOE FL  
TITLE D  
NAME MCNEIL, JIM  
STREET ADDRESS INDIAN PASS BEACH  
CITY-ST-ZIP PORT ST. JOE FL  
TITLE D  
NAME ROBERSON, RALPH  
STREET ADDRESS 1904 MONUMENT AVENUE  
CITY-ST-ZIP PORT ST. JOE FL  
TITLE D  
NAME QUACKENBUCH, HAROLD  
STREET ADDRESS 111 SUNSET CIRCLE  
CITY-ST-ZIP PORT ST. JOE FL  
TITLE D  
NAME QUACKENBUSH, RICHARD  
STREET ADDRESS 111 SUNSET CIRCLE  
CITY-ST-ZIP PORT ST. JOE FL  
TITLE D  
NAME TODD, MIKE  
STREET ADDRESS JUNIPER AVENUE  
CITY-ST-ZIP PORT ST. JOE FL

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)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: J. Patrick Floyd 1/20/95 904-227-7413  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #