

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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: C/O J. PATRICK FLOYD, P.O. BOX 950/408 LONG AVENUE, PORT ST. JOE FL 32456
Mailing Address: C/O J. PATRICK FLOYD, P.O. BOX 950/408 LONG AVENUE, PORT ST. JOE FL 32456

3. Date Incorporated or Qualified: **11/06/1988**
3a. Date of Last Report: **01/30/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	FLOYD, J. PATRICK
STREET ADDRESS	1104 MONUMENT AVENUE
CITY-ST-ZIP	PORT ST. JOE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MCNEIL, JIM
STREET ADDRESS	INDIAN PASS BEACH
CITY-ST-ZIP	PORT ST. JOE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROBERSON, RALPH
STREET ADDRESS	1904 MONUMENT AVENUE
CITY-ST-ZIP	PORT ST. JOE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	QUACKENBUCH, HAROLD
STREET ADDRESS	111 SUNSET CIRCLE
CITY-ST-ZIP	PORT ST. JOE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	QUACKENBUSH, RICHARD
STREET ADDRESS	111 SUNSET CIRCLE
CITY-ST-ZIP	PORT ST. JOE FL
TITLE	D <input type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *J. Patrick Floyd* **1/29/96** **(904)227-7413**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)