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Apr 25 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
P.O. BOX 950/408 LONG AVENUE  
PORT ST. JOE FL 32456

C/O J. PATRICK FLOYD  
P.O. BOX 950/408 LONG AVENUE  
PORT ST. JOE FL 32456-1708



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLOYD, J. PATRICK  
408 LONG AVENUE  
PORT ST. JOE FL 32456

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 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

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

(NOTE: Registered Agent; signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME FLOYD, J. PATRICK  
STREET ADDRESS 1104 MONUMENT AVENUE  
CITY - ST - ZIP PORT ST. JOE FL

TITLE D ☐ DELETE

NAME MCNEIL, JIM  
STREET ADDRESS INDIAN PASS BEACH  
CITY - ST - ZIP PORT ST. JOE FL

TITLE D ☐ DELETE

NAME ROBERSON, RALPH  
STREET ADDRESS 1904 MONUMENT AVENUE  
CITY - ST - ZIP PORT ST. JOE FL

TITLE D ☐ DELETE

NAME QUACKENBUCH, HAROLD  
STREET ADDRESS 111 SUNSET CIRCLE  
CITY - ST - ZIP PORT ST. JOE FL

TITLE D ☐ DELETE

NAME QUACKENBUSH, RICHARD  
STREET ADDRESS 111 SUNSET CIRCLE  
CITY - ST - ZIP PORT ST. JOE FL

TITLE D ☐ DELETE

NAME TODD, MIKE  
STREET ADDRESS JUNIPER AVENUE  
CITY - ST - ZIP PORT ST. JOE FL

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

SIGNATURE

SIGNATURE OF REGISTERED AGENT

CR2E037 (9/96)