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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29153

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



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/06/1988 4. FEI Number 59-2959974 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, J. PATRICK	1.2 NAME	
STREET ADDRESS	1104 MONUMENT AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. JOE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEIL, JIM	2.2 NAME	
STREET ADDRESS	INDIAN PASS BEACH	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. JOE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERSON, RALPH	3.2 NAME	
STREET ADDRESS	1904 MONUMENT AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. JOE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUACKENBUCH, HAROLD	4.2 NAME	
STREET ADDRESS	111 SUNSET CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. JOE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD, MIKE	5.2 NAME	
STREET ADDRESS	JUNIPER AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. JOE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:  **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH ROBERSON

2-9-99

Date

850/227-3831

Daytime Phone #

CR2E037 (11/98)