


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 28 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N29153 (6)**

1. Corporation Name  
**GULF COAST DUCKS UNLIMITED, INC.**



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

3. Date Incorporated or Qualified  
**11/06/1988**

4. FEI Number <b>59-2959974</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
------------------------------------	---

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

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLOYD, J. PATRICK</b>	1.2 NAME	
STREET ADDRESS	<b>1104 MONUMENT AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ST. JOE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCNEIL, JIM</b>	2.2 NAME	
STREET ADDRESS	<b>INDIAN PASS BEACH</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ST. JOE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERSON, RALPH</b>	3.2 NAME	
STREET ADDRESS	<b>1904 MONUMENT AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ST. JOE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUACKENBUCH, HAROLD</b>	4.2 NAME	
STREET ADDRESS	<b>111 SUNSET CIRCLE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ST. JOE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUACKENBUSH, RICHARD</b>	5.2 NAME	
STREET ADDRESS	<b>111 SUNSET CIRCLE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ST. JOE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TODD, MIKE</b>	6.2 NAME	
STREET ADDRESS	<b>JUNIPER AVENUE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ST. JOE FL</b>	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.

SIGNATURE: Ralph C. Roberson **RALPH C. ROBERSON** 4/21/98 **FSO 227-3838**

CR2E037 (10/97)