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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

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



21	2. Principal Place of Business	2a	2a. Mailing Address	3	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/06/1988
22	City & State	27	City & State	4	4. FEI Number
	Zip	28	Zip		59-2959974
23	Country	29	Country		Applied For
		30			Not Applicable
24	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: RALPH ROBERSON REQUIRED 2-9-99 850/227-3831
DATE: _____ DAYTIME PHONE #: _____

CR2E037 (11/98)