

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90079 014 ***150.00

DOCUMENT # P94000044426

1. Corporation Name

BAD DUCKS, INCORPORATED

Principal Place of Business

1351 CURLEW AVE
#203
NAPLES FL 34102
US

Mailing Address

P.O. BOX 7241
NAPLES FL 34101
US

2. Principal Place of Business

21 306 Stella maris Dr S

Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

City & State

23 Naples, FL

Zip

24 34114

Country

25 Collier

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LIPKO, ROGER S
1351 CURLEW AVE, #203
NAPLES FL 34102

3. Date Incorporated or Qualified

06/14/1994

4. FEI Number

65-0502788

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☒ No

DO NOT WRITE IN THIS SPACE

10. Name and Address of New Registered Agent

81 Name

Roger S. Lipko

82 Street Address (P.O. Box Number is Not Acceptable)

306 Stella maris Dr S

83

84

Naples

FL

85

Zip Code

34114

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE DPV ☐ DELETE

NAME LIPKO, ROGER S
STREET ADDRESS 1351 CURLEW AVE, #203
CITY-ST-ZIP NAPLES FL

TITLE DST ☐ DELETE

NAME LIPKO, SHIRLEY M
STREET ADDRESS 1351 CURLEW AVE, #203
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPV ☒ Change ☐ Addition

1.2 NAME Lipko Roger S address
1.3 STREET ADDRESS 306 Stella maris Dr S
1.4 CITY-ST-ZIP Naples, FL 34114

2.1 TITLE DST ☒ Change ☐ Addition

2.2 NAME Lipko Shirley M address
2.3 STREET ADDRESS 306 Stella maris Dr S
2.4 CITY-ST-ZIP Naples, FL 34114

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 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 607, 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:

Shirley M. Lipko

3/22/99

389-9296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #