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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 28 1997 8:00am Secretary of State

DOCUMENT # P94000072453 (1)

DUCKS ON THE POND, INC.

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			•	1/17/9	<u> </u>	
Principal Place	e of Business	Mailing Address		<u></u>	I \$00H401 IFO TOTAL BENJA \$0HA \$0HA \$0HA	ni atrit ibnis uchu dida) diiko (ihi ihe)
		3875 S.E. LAKE WEIR RO) .			
		OCALA FL 34480-7125	OCALA FL 34480-7125			
					Date Incorporated or Oscillad	3a. Date of Last Report
					3. Date Incorporated or Qualified 09/29/1994	04/17/1996
2. Principal Pl	lace of Business	2a, Mailing Address		***************************************	4. FEI Number	Applied For
21		26			59-3276988	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired	See Required
City & State	0	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	,	8. This corporation has liability for	
24	[25]	29	30		Florida Statutes	Yes No
1011	9. Name and Address of Current	negisterea Agent	81	Name	10. Name and Address of New R	egistereo Agent
	in n usher 5 se lake weir RD					
	TE 150		82	Street Addr	ress (P.O. Box Number is Not Accepta	ible)
	LA FL 34480		83		***************************************	
			84	City		85 Zip Code
44 6	- 1 C - 1 - CO7 BEDO		1 2 1 2 2 2 2		and the second s	FL 10 2000
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	f Florida Such change was	authorized b	the corporal	tion's board of directors. I hereby acce	purpose of changing its registered opt the appointment as registered
agent Lai	m familiar with, and accept the obligati	ions of, Section 607.0505. F	Florida Statute	3.		
SIGNATURE	Stgrature, typed or printed rame of registered agent	and the Lancacable (NC	TF: Registered Ag	ent signature requir	red when reinstating)	DATE
12,	OFFICERS AND		13.	or a grid over to que	ADDITIONS/CHANGES TO OFF	
THILE	D	☐ DELETE	1.1 TITLE			Change Addition
NAME	usher, John N		1.2 NAME			
STREET ADDRESS	% 3875 S.E. LAKE WEIR RD.		1.3 STREE	ADDRESS		
CITY-ST-ZIP	OCALA FL 34480		1.4 CITY - 1	T-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE			Change Addition
NAME	USHER, DEBORAH J. L		2.2 NAME			
STREET ADDRESS	% 3875 S.E. LAKE WEIR RD.		2.3 STREE	ADDRESS		
CITY-ST-ZIP	OCALA FL 34480		2. 4 CITY-	ST-ZIP		
TITLE		☐ DELETE	31 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE			
CITY - ST - ZIP		DELETE	3.4. CITY-	ST-ZIP		☐ Change ☐ Addition
TITLE		C DELETE	4.1 TITLE	1		Change Addition
NAME			4. 2 NAME	1000000		
STREET ADDRESS			1	ADDRESS		
CiTY+ST-ZIP TITLE		DELETE	4.4 CITY - 5.1 TITLE	SI - ZIP		Change Addition
NAME		Land Office II	5.2 NAME			till Avenille First vernitert.
STREET ADDRESS			5.2 NAME 5.3 STREE	ADDRESS		
CITY - ST - ZIP TITLE		DELETE	5 4 CITY -: 6 1 TITLE	01-21		Change Addition
NAME			62 NAME			The second of th
STREET ADDRESS				ADDRESS		
CHTV_ST_7IP			64 CITY-	1		

14. I do hereby certify that the information supplied with this filling 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 cyanged, or on an attachment with an address.

SIGNATURE:

ALBOURD OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dete Dayling Printed Name of Signing OFFICER OR DIRECTOR

Dete Dayling Printe II

CR2E034 (9/96)