

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

FILED  
Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000072453 (1)

1. Corporation Name

DUCKS ON THE POND, INC.

Principal Place of Business

3875 S.E. LAKE WEIR RD.  
OCALA FL 34480

Mailing Address

3875 S.E. LAKE WEIR RD.  
OCALA FL 34480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1994

4. FEI Number

59-3276988

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 3681 N.E. 7th Street

Suite, Apt. #, etc.

22 City & State

23 Ocala, Florida

24 Zip

34470

Country

2a. Mailing Address

26 3681 N.E. 7th Street

Suite, Apt. #, etc.

27 City & State

28 Ocala FL

29 Zip

34470

Country

9. Name and Address of Current Registered Agent

JOHN N USHER  
3875 SE LAKE WEIR RD  
SUITE 150  
OCALA FL 34480

Change of  
Address  
Only

10. Name and Address of New Registered Agent

81 Name

John N. Usher

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

3681 N.E. 7th Street

83

84 City

Ocala

FL

85 Zip Code

34470

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	D	<input type="checkbox"/> DELETE
NAME	USHER, JOHN N	
STREET ADDRESS	% 3875 S.E. LAKE WEIR RD.	
CITY - ST - ZIP	OCALA FL 34480	

TITLE	D	<input type="checkbox"/> DELETE
NAME	USHER, DEBORAH J. L	
STREET ADDRESS	% 3875 S.E. LAKE WEIR RD.	
CITY - ST - ZIP	OCALA FL 34480	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	John N. Usher	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	3681 N.E. 7th Street	Address
1.3 STREET ADDRESS	Ocala, FL 34480	
1.4 CITY - ST - ZIP		

2.1 TITLE	Deborah L. Usher	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	3681 N.E. 7th Street	Address
2.3 STREET ADDRESS	Ocala FL 34480	
2.4 CITY - ST - ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/98

352 624-4343

CR2E034 (10/97)