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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90100 031 ***150.00

DOCUMENT # **P94000072453**

1. Corporation Name
DUCKS ON THE POND, INC.

Principal Place of Business
**3681 N.E. 7TH ST
OCALA FL 34470
US**

Mailing Address
**3681 N.E. 7TH ST
OCALA FL 34470
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHN N USHER
3681 N.E. 7TH ST
SUITE 150
OCALA FL 34470**

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 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.

1/5/99
DATE

SIGNATURE _____
(Signature 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 _____ ☐ DELETE

NAME **USHER, JOHN N**
STREET ADDRESS **3681 N.E. 7TH ST**
CITY-ST-ZIP **OCALA FL 34470**

TITLE _____ ☐ DELETE

NAME **USHER, DEBORAH J. L**
STREET ADDRESS **3681 N.E. 7TH ST**
CITY-ST-ZIP **OCALA FL 34470**

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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: _____

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (11/98)