

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000007080 (0)**

1. Corporation Name

DUCK & CLUCK, INC.

Principal Place of Business

**23 BLUEWATER LAKE CIR.
ORMOND BEACH FL 32174**

Mailing Address

**23 BLUEWATER LAKE CIR.
ORMOND BEACH FL 32174**

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

27

City & State

23

28

Zip

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

**EDWING, DONALD R
4805 HARBOR WOODS DR.
PALM HARBOR FL 34683**

81

Name

EDWING, DONALD R

82

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

83

**23 BLUEWATER LAKE CIR.
ORMOND BEACH FL 32174**

84

City

ORMOND BEACH

85

Zip Code **32174**

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWING, DONALD		
STREET ADDRESS	23 BLUEWATER LAKE CIR.		
CITY-ST-ZIP	ORMOND BEACH FL 32174		
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME			
STREET ADDRESS			
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.

Donald R. Edwing 17-97 (904) 615



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1996

4. FEI Number

59-3353038

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

CR2E034 (10/97)