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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000033301 (8)

MALLARD POND, INC.

Principal Place of Business Mailing Address							
1300 METROPOLITAN BLVD. 1300 METROPOLITAN BL TALLAHASSEE FL 32308 TALLAHASSEE FL 32308-							
					3. Date Incorporated or Qualified	3a. Date of Las	t Report
					04/17/1996		
_	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
1		26			59-3376502		Not Applicabl
Suite, Apt. #, etc. 2 City & State		Suite, Apt #, etc. 27 City & State 28		5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees			
							Zip Country 25
<u>-1</u>	9. Name and Address of Currer		1231		10. Name and Address of New Re	gistered Agent	
NA	BLIN, MILLARD J		81 1	J ame			
1300 METROPOLITAN BLVD.				82 Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32308			5 Sirect Add		iless (F.O. Box Number is Not Acceptable)		
***			83				
			84 (Dity	· · · · · · · · · · · · · · · · · · ·	85 Z	ip Code
				•	poration submits this statement for the p alion's board of directors. I hereby accep		
SIGNATURE	Signature, typed or printed name of registers diagrams	ent and fille if applicable (NO	OTE: Registered Agent s	ignature requ	ired when reinstalling) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECT	ORS IN 12
NTLE	PD	DELETE	1.1 INLE	T		Chang	e 🔲 Additio
NAME	NOBLIN, MILLARD J		1.2 NAME				
STREET ADDRESS	2810 CLINE ST.		1.3 STREET AD	DRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CRY- ST-7	ΉP			
iTLE	VD	☐ DELETE	2 1 11TLE			☐ Chang	je 🔲 Additio
IAME	PROCTOR, W. THEO JR.		2.2 NAME				
TREET ADDRESS	1320 PIEDMONT DR.		2.3 STHEET AD	DRESS			
ITY-ST-ZIP	TALLAHASSEE FL 32312		2 4 CHY-S1-	718			
ITLE	ST	☐ DELFTE	3 1 THLE			Chang	je L. Additio
AME	HARBIN, CASSANDRA G		3.2 NAME				
TREET ADDRESS	3408 TREATY OAK		3 3 STHEET ADI	1			
ITY-ST-ZIP	TALLAHASSEE FL 32312	□ DELE1E	3.4. CITY - ST - ZIP 4.1 TITLE			Chang	ie Additio
IAME		otten	4.1 IIILE 4.2 NAME	ļ		L Chang	in Fill yaddidio
TREET ADDRESS			4 3 STREET AD	DRESS			
ITY-ST-ZIP			4.4 CITY - S1 - Z				
ITLE		DELETE	51 TITLE	"		Chang	e Additio
AME			5.2 NAME				
STREET ADDRESS			53 STHEET AD	DRESS			
CITY-ST-ZIP			5.4 CHY-S1-Z	1			
TITLE		DELETE	61 TITLE			Chang	e Addition

14. I do 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 eath; 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.

6.2 NAME

SIGNATURE: THE STATE OF THE STA

NAME

STREET ADORESS CITY-ST-ZIP

Millard J. Noblin, President (904) 385-1406

(9/96)

FILED

Apr 25 1997 8:00am

Secretary of State