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 #

P97000044172 (9)

WILD DUCK, INC.

Mailing Address

Principal Piace of Business

FILED Feb 20 1998 8:00am Secretary of State



| 901 NEW WA | RRINGTON ROAD El 32506 | 601 NEW WARRINGTON ROAD PENSACOLA FL 32506 | | | | | | | |
|---|--|---|----------------|-------------|---------------|---|---------------|-------------|----------------|
| Litonooth | 16 92000 | TEMONOUS TE 32300 | | | | DO NOT WRITE | IN THIS S | PACE | |
| | | | | | | Date Incorporated or Qualified 05/15/1997 | | | |
| 2. Principal F | Place of Business | 2a. Mailing Address | - | | | 4. FEI Number | | ✓ A | pplied For |
| 21 | | 26 | | | | | | | lot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | | $\overline{}$ | 4 ! | Additional |
| 22 | . <u> </u> | 27 | | | | 5. Certificate of Status Desired | | Fee R | equired |
| City & Stat | e | City & State | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | * | to Fees |
| Zip | Country | Zip | Country | y | | 8. This corporation owes or has pai | d the curre | ent year In | tangible |
| 24 | 25 | | 10 | | | Personal Property Tax due June | | | _] No |
| | 9. Name and Address of Curren | t Registered Agent | | | | 10. Name and Address of New Reg | pistered A | gent | |
| | PHERSON, TOMMY E | | 81 | Nai | me | | | | |
| | I NEW WARRINGTON ROAD NSACOLA FL 32506 | | 82 | Stre | eet Addre | ress (P.O. Box Number is Not Acceptable | le) | | |
| | 11040004 1 2 02000 | | 83 | + | | | | | |
| : | | | 84 | City | y | · · · · · · · · · · · · · · · · · · · | | 85 Zip | Code |
| 14 Durayant | to the provisions of Continue CO7 DED | 2 and EO7 1500. Florida Otalida | 1 | | | | <u>FL</u> | <u> </u> | |
| 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 ponted name of registered ager | nt and title if applicable (NOTE: | Registered Age | enl sign | ature require | red when reinstating) | DATE | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICE | ERS AND I | DIRECTOR | AS IN 12 |
| TITLE | PD | DELE TE | 1.1 TITLE | | | | | Change | ☐ Addition |
| NAME | MCPHERSON, TOMMY E | | 1.2 NAME | | - | | | | |
| STREET ADDRESS | 5754 GRANDE LAGOON BLVD |), | 1.3 STREET | T ADDRE | ess | | | | |
| CITY-ST-ZIP | PENSACOLA FL 32507 | | 1.4 CITY - S | ST - 71P | | | | | |
| TITLE | STD | ☐ DELETE | 2.1 TITLE | | | | I | Change | Addition |
| NAME | MCPHERSON, JEANETTE A | | 2.2 NAME | | | | | | |
| STREET ADDRESS | 5754 GRANDE LAGOON BLVD |), | 2.3 STREET | ADDRE | SS | | | | |
| CITY-ST-ZIP | PENSACOLA FL 32507 | | 2. 4 CITY-5 | ST-ZIP | ľ | | | | |
| TITLE | | DELETE | 3.1 TITLE | | | | | Change | Addition |
| NAME | | | 3.2 NAME | | | | | | |
| STREET ADDRESS | | | 3.3 STREET | ADDRE | ss | | | | i |
| CITY-ST-ZIP | • | | 3.4. CITY- 8 | | 1 | | | | |
| TITLE | | DELETE | 4.1 TITLE | | | | Ε | Change | Addition |
| NAME | | | 4.2 NAME | | | | | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRE! | ss | | | | i |
| CITY-ST-ZIP | _ | | 4.4 CITY-S | | | | | | |
| TITLE | | ☐ DELE TE | 5.1 TITLE | | | | | Change | ☐ Addition |
| NAME | | | 5.2 NAME | | - | | | - | |
| STREET ADDRESS | | | 5.3 STREET | ADORES | ss | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | | | | | | |
| TITLE | | DELETE | 6.1 TITLE | | | | | Change | Addition |
| NAME | | | 6.2 NAME | | | | | - | |
| STREET ADDRESS | | | 6.3 STREET | ADDRES | ss | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST | T-ZIP | | | | | |
| 14. I hereby c | ertify that the information supplied wit | h this filing does not qualify for t | he exempl | tion et | lated in S | Section 119.07(3)(i), Florida Statutes. I fu | rther certi | ly 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. | | | | | | | | | |