

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:31

DOCUMENT # S88429

(3)

1. Corporation Name

DUCK COON RANCH, INC.

Principal Place of Business

19198 PINE TREE DRIVE
TEQUESTA FL 33469

Mailing Address

19198 PINE TREE DRIVE
TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1991

3a. Date of Last Report

02/25/1994

2. Principal Place of Business

21 1555 Palm Beach Lakes Blvd.

2a. Mailing Address

26 1555 Palm Beach Lakes Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 100

27 Suite 100

City & State

City & State

23 West Palm Beach, FL

28 West Palm Beach, FL

Zip

Zip

24 33401

29 33401

Country

Country

25 Palm Beach

30 Palm Beach

4. FEI Number

65-0292671

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

HURD, ROGER C.
8295 N. MILITARY TRAIL
SUITE A
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

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.

SIGNATURE

(Signature of Registered Agent or Secretary)

(Signature of Registered Agent or Secretary)

(Signature)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
BOWMAN, WILLIAM
ROUTE 1, BOX 295
DELRAY BEACH FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
BOWMAN, JAMES
ROUTE 1, BOX 295
DELRAY BEACH FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
BOWMAN, RICHARD
ROUTE 1, BOX 295
DELRAY BEACH FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
CALLAWAY, ROBERT J.
1639 FORUM PLACE
WEST PALM BEACH FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
TOWNSEND, KENNETH
2300 PALM BCH LAKES BLVD
WEST PALM BEACH FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

☐ Change ☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

☐ Change ☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

☐ Change ☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

☒ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(1)(b), Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief, 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 person or persons empowered to make this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 1, 2, or 3 of this filing. A copy of this report with an address

SIGNATURE:

Kenneth L. Townsend

KENNETH L. TOWNSEND

JAN 13, 1995 407-686-8530

(Signature and Title) OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Signature and Title)