

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F95000004765 (2)**

1. Corporation Name

**GOLDFEAF TECHNOLOGIES, INC.**



Principal Place of Business

Mailing Address

**100 WEST MAIN STREET  
HAHIRA GA 31632**

**100 WEST MAIN STREET  
HAHIRA GA 31632**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 **PO Box 608**

27 Suite, Apt. #, etc.

28 **HAHIRA GA**

29 **31632**

30 **US**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

3. Date Incorporated or Qualified

**10/02/1995**

3a. Date of Last Report

4. FEI Number

**58-1921188**

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>WETHERINGTON, BOBBY G</b>	
STREET ADDRESS	<b>ROUTE 1, BOX 4</b>	
CITY - ST - ZIP	<b>HAHIRA GA 31632</b>	
TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>PETERSON, DAVID L</b>	
STREET ADDRESS	<b>305 BARFIELD STREET</b>	
CITY - ST - ZIP	<b>HAHIRA GA 31632</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>BASKIN, DAVE F</b>	
STREET ADDRESS	<b>100 WEST MAIN STREET</b>	
CITY - ST - ZIP	<b>HAHIRA GA 31632</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>JORDAN, BEN</b>	
STREET ADDRESS	<b>605 CHOCTAW STREET</b>	
CITY - ST - ZIP	<b>LAKE MARY FL 32746</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Wetherington, Bobby G.</b>	
1.3 STREET ADDRESS	<b>4121 GA Highway 122 East</b>	
1.4 CITY - ST - ZIP	<b>Hahira GA 31632</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*David Peterson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96  
Date

912-794-4145  
Daytime Phone #

CR2E034 (12/95)