

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000081754 (0)

1. Corporation Name
GOLDEN DROP SERVICE, INC.

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 230 NE FIRST STREET HIGH SPRINGS FL 32643
Mailing Address: 230 NE FIRST STREET HIGH SPRINGS FL 32643

3. Date Incorporated or Qualified: 10/23/1995
3a. Date of Last Report
4. FEI Number: 59-3339188
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

2. Principal Place of Business: 21 2015 N.E. Santa Fe Blvd. 22 High Springs, FL 23 32655
2a. Mailing Address: 26 P.O. Box 2877 27 High Springs, FL 28 32655
24 32655 25 USA 29 32655 30 USA

g. Name and Address of Current Registered Agent
10. Name and Address of New Registered Agent

GOLDEN, KIM W
230 NE FIRST STREET
HIGH SPRINGS FL 32643

81 Name: Golden, Kim W.
82 Street Address (P.O. Box Number is Not Acceptable): 2015 NE Santa Fe Blvd.
83
84 City: High Springs FL 85 Zip Code: 32655

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: Kim W. Golden, President Kim W. Golden 1-25-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	P Kim W. Golden
STREET ADDRESS		1.3 STREET ADDRESS	1110 S.W. Glendale Street
CITY, ST, ZIP		1.4 CITY, ST, ZIP	High Springs, FL 32655
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Wesley B Golden
STREET ADDRESS		2.3 STREET ADDRESS	230 NE First Street
CITY, ST, ZIP		2.4 CITY, ST, ZIP	High Springs, FL 32655
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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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: Kim W. Golden Kim W. Golden 1-25-96 904-454-7990

CR2E034 (12/95)