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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000081754 (0)

1. Corporation Name
GOLDEN DROP SERVICE, INC.



Principal Place of Business Mailing Address
P.O. BOX 2877 HIGH SPRINGS FL 32655 P.O. BOX 2877 HIGH SPRINGS FL 32655-2877

3. Date Incorporated or Qualified 10/23/1995 3a. Date of Last Report 02/07/1996
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
21 230 NE 1st Street
22 High Springs, FL
23
24 32655 25 Alachua
26
27
28
29 30

9. Name and Address of Current Registered Agent
GOLDEN, KIM W
2015 NE SANTA FE BLVD.
HIGH SPRINGS FL 32643

10. Name and Address of New Registered Agent
81 Name Kim W. Golden
82 Street Address (P.O. Box Number is Not Acceptable) 230 NE 1st Street
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 3-18-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
P GOLDEN, KIM W 1110 S.W. GLENDALE STREET HIGHSPRINGS FL 32655
S GOLDEN, WESLEY B 230 NE FIRST STREET HIGH SPRINGS FL 32655

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I 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 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 3-18-97 454-2346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)