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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

, CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **P94000017235 (0)**

1. Corporation Name
GOOSE POND CORPORATION

Principal Place of Business	Mailing Address
%STATE BOARD OF ADMINISTRATION 1230 BLOUNTSTOWN HWY. TALLAHASSEE FL 32314	%STATE BOARD OF ADMINISTRATION 1230 BLOUNTSTOWN HWY. TALLAHASSEE FL 32314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21	26 C/O STATE BOARD OF ADMINISTR.
22 Suite, Apt. #, etc.	27 P.O. DRAWER 7118 1230 BLOUNTSTOWN HWY
23 City & State	28 TALLAHASSEE FLORIDA
24 Zip / Country	29 Zip 32314 7718 / 30 Country

4. FEI Number: 59-3294419 ☐ 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	10. Name and Address of New Registered Agent
SCHOW, HORACE II 1230 BLOUNTSTOWN HWY. TALLAHASSEE FL 32314	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENNETT, DOUGLAS W 1230 BLOUNTSTOWN HWY. TALLAHASSEE FL 32314	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	SECRETARY & TREASURER KERRY J. SPARKS 1230 BLOUNTSTOWN HWY TALLAHASSEE FL 32314	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, TODD A 1230 BLOUNTSTOWN HWY. TALLAHASSEE FL 32314	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VICE PRESIDENT JOHN W. DARK 51 JFK PARKWAY SHORT HILLS, NJ 07078	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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)(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 the 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: _____ V.P 4/10/95 201-912-7932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
JOHN W. DARK, VICE PRESIDENT

COR614 CP