

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Feb 18 1997 8:00am
Secretary of State

DOCUMENT # N96000001687 (0)

1. Corporation Name

GOOSE POND AG, INC.



Principal Place of Business

Mailing Address

1801 HERMITAGE BLVD., SUITE 600
TALLAHASSEE FL 323081801 HERMITAGE BLVD., SUITE 600
TALLAHASSEE FL 32308-77033. Date Incorporated or Qualified
03/25/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-3414409

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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
1801 HERMITAGE BLVD., SUITE 600
TALLAHASSEE FL 32308

81 Name David E. Todd

82 Street Address (P.O. Box Number is Not Acceptable)

1801 Hermitage Blvd., Suite 100

83

84 City Tallahassee, FL

FL

85 Zip Code

32308

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *David E. Todd*

David E. Todd

1-21-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BENNETT, DOUGLAS W
STREET ADDRESS 1801 HERMITAGE BLVD., SUITE 600
CITY-ST-ZIP TALLAHASSEE FL 323081.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME HORTON, JAMES W
STREET ADDRESS 1801 HERMITAGE BLVD., SUITE 600
CITY-ST-ZIP TALLAHASSEE FL 323082.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME HORTON, JAMES W
STREET ADDRESS 1801 HERMITAGE BLVD., SUITE 600
CITY-ST-ZIP TALLAHASSEE FL 323083.1 TITLE ☐ Change ☒ Addition
3.2 NAME D
3.3 STREET ADDRESS Todd A. Miller
3.4 CITY-ST-ZIP 1801 Hermitage Blvd., Suite 100
Tallahassee, FL 32308TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☒ Addition
4.2 NAME P
4.3 STREET ADDRESS Jeffrey A. Conrad
4.4 CITY-ST-ZIP 99 High Street, 26th Floor
Boston, MA 02110-2320TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☒ Addition
5.2 NAME V
5.3 STREET ADDRESS James W. McBride
5.4 CITY-ST-ZIP 99 High Street, 26th Floor
Boston, MA 02110-2320TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☒ Addition
6.2 NAME S/T
6.3 STREET ADDRESS Frederick B. Horgan
6.4 CITY-ST-ZIP 99 High Street, 26th Floor

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption status under Section 617.0502, 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Douglas W. Bennett*DS* 2/13/97

Date

Daytime Phone # 9007665

CP2E037 (9/96)