


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001687 (0)**

1. Corporation Name

GOOSE POND AG, INC.



Principal Place of Business 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE FL 32308	Mailing Address 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE FL 32308
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3. Date Incorporated or Qualified 03/25/1996	4. FEI Number 59-3414409	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent TODD, DAVID E. 1801 HERMITAGE BLVD, STE 100 TALLAHASSEE FL 32308	
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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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	BENNETT, DOUGLAS W
STREET ADDRESS	1801 HERMITAGE BLVD., SUITE 600
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	D <input type="checkbox"/> DELETE
NAME	HORTON, JAMES W
STREET ADDRESS	1801 HERMITAGE BLVD., SUITE 600
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MILLER, TODD A.
STREET ADDRESS	1801 HERMITAGE BLVD, STE 100
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	P <input type="checkbox"/> DELETE
NAME	CONRAD, JEFFREY A.
STREET ADDRESS	99 HIGH ST, 28 FLR
CITY-ST-ZIP	BOSTON MA
TITLE	V <input type="checkbox"/> DELETE
NAME	MCBRIDE, JAMES W.
STREET ADDRESS	99 HIGH ST, 28 FLR
CITY-ST-ZIP	BOSTON MA
TITLE	ST <input type="checkbox"/> DELETE
NAME	HORGAN, FREDERICK B.
STREET ADDRESS	99 HIGH ST, 28 FLR
CITY-ST-ZIP	BOSTON MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DVAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James W. Horton
1.3 STREET ADDRESS	1801 Hermitage Blvd., Suite 600
1.4 CITY-ST-ZIP	Tallahassee, FL 32308
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jeffrey L. Smith
2.3 STREET ADDRESS	1801 Hermitage Blvd., Suite 600
2.4 CITY-ST-ZIP	Tallahassee, FL 32308
3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Julie A. Koeninger
3.3 STREET ADDRESS	99 High Street, 26th Floor
3.4 CITY-ST-ZIP	Boston, MA 02110-2320
4.1 TITLE	VAT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Luanne K. Good
4.3 STREET ADDRESS	1801 Hermitage Blvd., Suite 600
4.4 CITY-ST-ZIP	Tallahassee, FL 32308
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Douglas W. Bennett, Director** *[Signature]* **2/26/98** **850-488-4406**

CR2E037 (10/97)