

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **496779** (0)

1. Corporation Name
GOLDEN SEAL SERVICES, INC.

Principal Place of Business 3786 INDUSTRIAL PK DR MARIANNA FL 32446	Mailing Address 3786 INDUSTRIAL PK DR MARIANNA FL 32446-8095
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2. Principal Place of Business 21 3786 INDUSTRIAL PK.DR Suite, Apt. #, etc.		2a. Mailing Address 26 3786 INDUSTRIAL PK.DR. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/16/1976	3a. Date of Last Report 05/01/1996
22 City & State 23 MARIANNA, FL Zip 24 32446		27 City & State 28 MARIANNA, FL Zip 29 32446		4. FEI Number 59-1649294	Applied For Not Applicable
25 USA		30 USA		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	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent DONAHOO, THOMAS M. 1414 BARNETT BANK BLDG. JACKSONVILLE FL				10. Name and Address of New Registered Agent 81 Name RONALD S. MORRILL 82 Street Address (P.O. Box Number is Not Acceptable) 3786 INDUSTRIAL PARK DRIVE 83 84 City MARIANNA FL 85 Zip Code 32446	
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: <i>Ronald S. Morrill</i> RONALD S. MORRILL 4-29-97 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	T	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORRILL, RONALD S			1.2 NAME			
STREET ADDRESS	3786 INDUSTRIAL PK DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	MARIANNA, FL 00000			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORRILL, RONALD S			2.2 NAME			
STREET ADDRESS	3786 INDUSTRIAL PK DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	MARIANNA, FL 00000			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	V.P. OPERATIONS	
NAME	MORRILL, ALAN			3.2 NAME			
STREET ADDRESS	3786 INDUSTRIAL PARK DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	MARIANNA FL			3.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORRILL, MARJORIE			4.2 NAME			
STREET ADDRESS	3786 INDUSTRIAL PARK DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	MARIANNA FL			4.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	EXECUTIVE V.P.	
NAME	MORRILL, MARJORIE			5.2 NAME			
STREET ADDRESS	3786 INDUSTRIAL PARK DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	MARIANNA FL			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			

14. I do 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: *Ronald S. Morrill* **RONALD S. MORRILL** **4-29-97** **904-526-4286**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)