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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

F77846 **DOCUMENT #**

(6)

GOLDEN CIRCLE CORPORATION

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2. Principal Place of Business 2a. Mailing Address 2a. Mailing	2436 TRONJO	2436 TRONJO TERRAC	NUO TERRACE										
28] Supe. Apt. #, etc. Sup. Apt. #	LIVONDOEN	71 V2500		TENONOSEN VE GEGGG				3	3. Date Incorporated or Qualified 04/27/1982				
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20				City & State				€	3. Election Campaign Financing		\$5.	.00 May Be	
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VONBODUNGEN, JOSEPH P. 2436 TRONIO TERRACE PENSACOLA FL 32503 11. Pursuant to the provisions of Soctions 607 0502 and 607 1508. Floride Statutes, the above named corporation submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's obsert of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's obsert of directors. I hereby accept the appointment as registered defend and accept the obligations of, Soction 607 0505, Portion Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. Unit of the purpose of changing its registered depict. Changing its re		· · · · · · · · · · · · · · · · · · ·	20	Zip		Country	,	8	· · · · · · · · · · · · · · · · · · ·		under	s 199.032,	
VONBODUNGEN, JOSEPH P. 2436 TRONJO TERRACE PENSACOLA FL 32503 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Piords Statutes, the above named corporation submits this statement for the purpose of changing at: registrous office or registered agent, or both, in the State of Forids. Such change was submitsed by the corporation's board of directors. I hereby accept the exponential strengthened agent, and make with, and accept the obligations of, Section 607,0502, Floratis Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS IN 12. 10. The strength of the strength o	24			stered Agent	30			16			gent		
2436 TRONUO TERRACE PENSACOLA FL 32533 88 80 City FL 85 City FL 85 Zip Code FL 85 Zip Code FL 86 Signature for the purysions of Sociations 607 0002 and 607 1508. Floride Stauties, the above named corporation submits this statement for the purysion of changing its registered of office or registered apport, or both, in the State of Tordica. Such other generals and forested by the corporation's board of directors. Thereby accept the appointment as registered of office or registered apport, or both, in the State of Tordica. Such other generals and Stauties. SIGNATURE 12. OFFICERS AND DIFECTORS 13. AUDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12 10. OFFICERS AND DIFECTORS 13. AUDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12 10. OFFICERS AND DIFECTORS 13. AUDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12 10. OFFICERS AND DIFECTORS 13. AUDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12 10. OFFICERS AND DIFECTORS 13. AUDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12 10. OFFICERS AND DIFFECTORS IN 12 10. OFFICERS AND DIF						81	Name				9		
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11. Pursuant to the provisions of Socions 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing air registered office or registered agent, or both, in the State of Florida. Such change was submitted by the corporation's board of directors. I hereby accept the appointment as registered office are registered agent, or both, in the State of Florida. Such change was submitted by the corporation's board of directors. I hereby accept the appointment as registered office are registered agent. I am furnition with a real accept the displaced by Section 507,0505, Plorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office and registered agent. I am furnition in						02	Street	touress (P.O. Box Number is not Acceptab	θ)			
T. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing six registered office or registered agont, or both, in the State of Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office transfer with, and accept the obligations of. Section 607.0505. Florids Statutes SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. OFFICERS AND DIRECTORS 11. Thillie 11. Thillie 12. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. Thillie 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. Addition 10. Change Addition 10. Addition 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. Thillie 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TIME 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DI	PENSAC	OLA FL 32503				83							
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certify that the information indicated on this argual report or supplemental appropriate 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 of the receiver or further empowered between the 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 attainment with an address.	14. I do hereby certify that oath; that I	certify that the information supplied the information indicated on this around am an officer or director of the corpo	with this ual repo ration c	s filing is voluntarily furnis rt or supplemental apply the receiver or trusts	shed a al rep empo	and doe ort is tro owerear	es not qua ue and ac to execut	lify for the curate an e this rep	e exemption stated in Section 119. Indithat my signature shall have the out as required by Chapter 607, Flo	07(3)(k), Flori same legal e orida Statute:	da Sta ffect a s; and	dutes. I furthe is if made und that my name	r ler e

SIGNATURE:

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Daytime Phone #