

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000001687

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



2. Principal Place of Business	2a Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/25/1996
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3414409
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TODD, DAVID E. 1801 HERMITAGE BLVD. STE 100 TALLAHASSEE FL 32308	B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code
	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVAS HORTON, JAMES W 1801 HERMITAGE BLVD, STE 600 TALLAHASSEE FL 32308	<input type="checkbox"/> DELETE	11 TITLE D 12 NAME Douglas W. Bennett 13 STREET ADDRESS 1801 Hermitage Blvd., Suite 600 14 CITY-ST-ZIP Tallahassee, FL 32308
TITLE	D HORTON, JAMES W 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> DELETE	21 TITLE V 22 NAME Julie A. Koeninger 23 STREET ADDRESS 99 High Street, 26th Floor 24 CITY-ST-ZIP Boston, MA 02110
TITLE	D SMITH, JEFFREY L 1801 HERMITAGE BLVD, STE 600 TALLAHASSEE FL 32308	<input type="checkbox"/> DELETE	31 TITLE VAT 32 NAME Luanne K. Good 33 STREET ADDRESS 1801 Hermitage Blvd., Suite 600 34 CITY-ST-ZIP Tallahassee, FL 32308
TITLE	P CONRAD, JEFFREY A. 99 HIGH ST, 26 FLR BOSTON MA	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE	V MCBRIDE, JAMES W. 99 HIGH ST, 26 FLR BOSTON MA	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE	ST HORGAN, FREDERICK B. 99 HIGH ST, 26 FLR BOSTON MA	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

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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, with all other like empowered.

SIGNATURE: Douglas W. Bennett, Director
Date: 2-5-99 850-488-4406

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