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APPROVED AND FILED

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CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P04622 (7)**
 1. Corporation Name
GOLDCO, INC.

Principal Place of Business Mailing Address
803 WEST MAIN STREET DOTHAN AL 36301

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 1133 W. MAIN ST.		26 1133 W. MAIN ST.		01/10/1985	05/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		63-0787358	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 DOTHAN, AL		28 DOTHAN, AL		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24 36301		29 36301		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
APPLEFIELD, BRYAN M. 287 WEST 16TH STREET PANAMA CITY FL 32401				81 Name	APPLEFIELD, BRYAN M.		
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83	8701 LAGOONA DR.		
				84 City	PANAMA CITY BEACH,	FL	85 Zip Code

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 *Bryan Applefield* *Bryan Applefield* 4/17/95
Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when resigning DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPLEFIELD, BRYAN M.	1.2 NAME	APPLEFIELD, BRYAN M.
STREET ADDRESS	915 NORTH CHADY LN-	1.3 STREET ADDRESS	8701 LAGOONA DR
CITY - ST - ZIP	DOTHAN AL	1.4 CITY - ST - ZIP	PANAMA CITY BCH, FL. 32407
TITLE	VSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPLEFIELD, HELEN E.	2.2 NAME	APPLEFIELD, HELEN E.
STREET ADDRESS	915 NORTH CHADY LN-	2.3 STREET ADDRESS	8701 LAGOONA DR
CITY - ST - ZIP	DOTHAN AL	2.4 CITY - ST - ZIP	PANAMA CITY BEACH, FL 32407
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Bryan Applefield* *BRYAN APPLEFIELD* 4/17/95 834 793-0997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #