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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P04622

1. Corporation Name

GOLDCO, INC.

FILED
Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90071 028 ***150.00

GOLDCO	, INC.							
Principal Place	of Rusiness	Mailing Address						
		2330 MONTGOMERY HWY						
DOTHAN AL 36303 DOTHAN AL 36303					DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualifed			
					01/10/1985			
		2a. Mailing Address			4. FEI Number		Appli	Applicable
2. Principal Pla	ace of Business	-			63-0797358			 1.
21		Suite, Apt. #, etc.			 		3.75 Ad	aitionai j
Suite, Apt. #	ŧ, etc.	27			5. Certificate of Status Desired		Fee Requ	
22 City 8 State		City & State			6. Election Campaign Financing		5.00 м	
City & State	,	28			Trust Fund Contribution		Added to	rees
Zip	Country		Country		8. This corporation owes the curren	it year Intangib ∏ \	le ∕es Γ	⊒No
⊢ — '	25	29 30			Personal Property Tax.			
24	9. Name and Address of Curre	nt Registered Agent	_ \	1	10. Name and Address of New Re	Ristalen võei	·	
<u> </u>			81	Name				
APPL	_efield, bryan M		82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)	,	1
8701	LAGOONA DR.					<u> </u>	· F:: 3-31-5:	31 5161 1881
PAN	AMA CITY FL 32407		83					
			84	City	we will also have large large tops	8	Zip Co	ode
ì			1	1		PL !		
	of Pastions 607.05	02 and 607 1508, Florida Statutes, tl	he abov	e-named corp	oration submits this statement for the p	urpose of char	nging its r	registered istered
11. Pursuant office or r agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florida	Statutes	S.	oration submits this statement for the pon's board of directors. I hereby accept divine reinstating)	DATE		
SIGNATURE	m familiar with, and accept the oblig	ations of, Section 607.0505, Florida ent and title if applicable. (NOTE: Regi- ND DIRECTORS	Statutes	S.		DATE	IRECTO	RS IN 12
SIGNATURE	egistered agent, of our control of mailiar with, and accept the oblig Signature, typed or printed name of registered agent of the option of th	ations of, Section 607.0505, Florida ent and title if applicable. (NOTE: Regi	Statutes	S.	ul when reinstation) · · · · · · · · · · · · · · · · · · ·	DATE		
signature 12.	egistered agent, or both a manufacture, typed or printed name of registered ag OFFICERS A	ations of, Section 607.0505, Florida ent and title if applicable. (NOTE: Regi- ND DIRECTORS	Statutes	S. Int signature require	ul when reinstation) · · · · · · · · · · · · · · · · · · ·	DATE	IRECTO	RS IN 12
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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 607, 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

Addition