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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000017235 (0)

1. Corporation Name

GOOSE POND CORPORATION

Principal Place of Business

Mailing Address

%STATE BOARD OF ADMINISTRATION
1230 BLOUNTSTOWN HWY.
TALLAHASSEE FL 32314

%STATE BOARD OF ADMINISTRATION
1230 BLOUNTSTOWN HWY.
TALLAHASSEE FL 32314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1994

3a. Date of Last Report

N/A

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

% STATE BOARD OF ADMINISTRATION

27

Suite, Apt. #, etc.

28

P.O. DRAWER 7118

29

1230 BLOUNTSTOWN HWY

30

TALLAHASSEE FLORIDA

31

Zip

32

Country

4. FBI Number

59-3294419

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHOW, HORACE II
1230 BLOUNTSTOWN HWY.
TALLAHASSEE FL 32314

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

Signature: Typed or printed name of registered agent (not file if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BENNETT, DOUGLAS W
STREET ADDRESS	1230 BLOUNTSTOWN HWY.
CITY - ST - ZIP	TALLAHASSEE FL 32314
TITLE	D
NAME	MILLER, TODD A
STREET ADDRESS	1230 BLOUNTSTOWN HWY.
CITY - ST - ZIP	TALLAHASSEE FL 32314
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY & TREASURER	☐ Change ☒ Addition
1.2 NAME	KERRY J. SPARKS	
1.3 STREET ADDRESS	1230 BLOUNTSTOWN HWY	
1.4 CITY - ST - ZIP	TALLAHASSEE FL 32314	
2.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
2.2 NAME	JOHN W. DARK	
2.3 STREET ADDRESS	51 JFK PARKWAY	
2.4 CITY - ST - ZIP	SHORT HILLS, NJ 07078	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN W. DARK, VICE PRESIDENT

V.P.

4/10/95

201-912-7932