

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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  
US

3. Date Incorporated or Qualified  
**03/04/1994**

3a. Date of Last Report  
**04/18/1995**

2. Principal Place of Business

2a. Mailing Address

21 **STATE BOARD OF ADMINISTRATION**  
Suite, Apt. #, etc.

26 **STATE BOARD OF ADMINISTRATION**  
Suite, Apt. #, etc.

22 **1801 HERMITAGE BOULEVARD**  
City & State

27 **1801 HERMITAGE BOULEVARD**  
City & State

23 **TALLAHASSEE FLORIDA**  
Zip Country

28 **TALLAHASSEE FLORIDA**  
Zip Country

24 **32308**

25 **USA**

29 **32308**

30 **USA**

4. FEI 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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 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 and the corporation

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BENNETT, DOUGLAS W</b>	
STREET ADDRESS	<b>1230 BLOUNTSTOWN HWY.</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL 32314</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MILLER, TODD A</b>	
STREET ADDRESS	<b>1230 BLOUNTSTOWN HWY.</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL 32314</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SPARKS, KERRY J.</b>	
STREET ADDRESS	<b>1230 BLOUNTSTOWN HWY</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DARK, JOHN W.</b>	
STREET ADDRESS	<b>51 JFK PKWY</b>	
CITY - ST - ZIP	<b>SHORT HILLS NJ</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JOHN W. DARK</b>	
1.3 STREET ADDRESS	<b>51 JFK PARKWAY</b>	
1.4 CITY - ST - ZIP	<b>SHORT HILLS, NEW JERSEY 07078</b>	
2.1 TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>LUANNE G. BRILL</b>	
2.3 STREET ADDRESS	<b>1801 HERMITAGE BOULEVARD</b>	
2.4 CITY - ST - ZIP	<b>TALLAHASSEE, FLORIDA 32308</b>	
3.1 TITLE	<b>SECRETARY &amp; TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>VICTOR A. DEL PIZZO</b>	
3.3 STREET ADDRESS	<b>51 JFK PARKWAY</b>	
3.4 CITY - ST - ZIP	<b>SHORT HILLS, NEW JERSEY 07078</b>	
4.1 TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>NOYCE W. BURT</b>	
4.3 STREET ADDRESS	<b>ONE RAVINIA DRIVE, SUITE 1400</b>	
4.4 CITY - ST - ZIP	<b>ATLANTA, GA 30346</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(a), 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: Victor A. Del Pizzo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**VICTOR A. DEL PIZZO, SECRETARY & TREASURER**

4/17/96 201-912-7931  
DATE DISTRICT PHONE #

CR2E034 (12/95)