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FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

%STATE BOARD OF ADMINISTRATION
1801 HERMITAGE BLVD
TALLAHASSEE FL 32314
US

Mailing Address

%STATE BOARD OF ADMINISTRATION
1801 HERMITAGE BLVD
TALLAHASSEE FL 32308-7703
US

3. Date Incorporated or Qualified
03/04/1994

3a. Date of Last Report
04/23/1996

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

2. Principal Place of Business

21 1801 Hermitage Blvd.

Suite, Apt #, etc.

22 Suite 100

City & State

23 Tallahassee, FL

Zip

24 32308

Country

25 US

2a. Mailing Address

26 1801 Hermitage Blvd.

Suite, Apt #, etc.

27 Suite 100

City & State

28 Tallahassee, FL

Zip

29 32308

Country

30 US

9. Name and Address of Current Registered Agent

SCHOW, HORACE II
1230 BLOUNTSTOWN HWY.
TALLAHASSEE FL 32314

10. Name and Address of New Registered Agent

81 Name David E. Todd

82 Street Address (P.O. Box Number is Not Acceptable)
1801 Hermitage Blvd.

83 Suite 100

84 City

Tallahassee

FL

85 Zip Code
32308

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

David E. Todd

David E. Todd, Assistant General Counsel

1-22-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME BRILL, LAUNNE G
STREET ADDRESS 1801 HERMITAGE BLVD
CITY-STATE-ZIP TALLAHASSEE FL

TITLE ST ☐ DELETE

NAME DEL PIZZO, VICTOR A
STREET ADDRESS 51 JFK PKWY
CITY-STATE-ZIP SHORT HILLS NJ

TITLE VP ☐ DELETE

NAME BURT, NOYCE W
STREET ADDRESS 1 RAVINIA DE STE 1400
CITY-STATE-ZIP ATLANTA GA

TITLE P ☐ DELETE

NAME DARK, JOHN W.
STREET ADDRESS 51 JFK PKWY
CITY-STATE-ZIP SHORT HILLS NJ

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

Douglas W. Bennett
1801 Hermitage Blvd., Suite 100
Tallahassee, FL 32308

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

Todd A. Miller
1801 Hermitage Blvd., Suite 100
Tallahassee, FL 32308

14. I do 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.

SIGNATURE:

Douglas W. Bennett, Director

2-3-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)