

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # P94000017235**

1. Corporation Name  
**GOOSE POND CORPORATION**

93 APR -9 PM 2:32



Principal Place of Business: 1801 HERMITAGE BLVD SUITE 600 TALLAHASSEE FL 32308 US

Mailing Address: 1801 HERMITAGE BLVD SUITE 600 TALLAHASSEE FL 32308 US

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

**TODD, DAVID E**  
 1801 HERMITAGE BLVD  
 100  
 TALLAHASSEE FL 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: Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when not in person.) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	D
NAME	BRILL, LAUNNE G	12 NAME	Jeffrey L. Smith
STREET ADDRESS	1801 HERMITAGE BLVD	13 STREET ADDRESS	1801 Hermitage Blvd., Suite 600
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	P	21 TITLE	T
NAME	DECOSTA, LALER C	22 NAME	Patricia C. Snedeker
STREET ADDRESS	3424 PEACHTREE RD NE, SUITE 800	23 STREET ADDRESS	3424 Peachtree Road, NE, Suite 800
CITY-ST-ZIP	ATLANTA GA 30326	24 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	VAS	31 TITLE	S
NAME	GOOD, LUANNE	32 NAME	Thomas A. McKean
STREET ADDRESS	1801 HERMITAGE BLVD, SUITE 600	33 STREET ADDRESS	3424 Peachtree Road, NE, Suite 800
CITY-ST-ZIP	TALLAHASSEE FL 32308	34 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	V	41 TITLE	
NAME	FORTH, WILLIAM R	42 NAME	
STREET ADDRESS	3424 PEACHTREE RD NE, SUITE 800	43 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30326	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	
NAME	BENNETT, DOUGLAS W	52 NAME	
STREET ADDRESS	1801 HERMITAGE BLVD, STE 100	53 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP	
TITLE	DVAS	61 TITLE	
NAME	HORTON, JAMES W	62 NAME	
STREET ADDRESS	1801 HERMITAGE BLVD, SUITE 600	63 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	64 CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

4. FEI Number: 59-3294419

5. Certificate of Status Desired:  Applied For  Not Applicable

6. Election Campaign Financing Trust Fund Contribution:  \$8.75 Additional Fee Required  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code: FL

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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.

SIGNATURE: Douglas W. Bennett, Director  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-99 850-488-4406

CR2E034 (11/98)