

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 # P95000005700 (6)

1. Corporation Name

GO ZONE, INC.



Principal Place of Business

3701 NO. ANDREWS STREET
PENSACOLA FL 32505

Mailing Address

3701 NO. ANDREWS STREET
PENSACOLA FL 32505

3. Date Incorporated or Qualified

01/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOFF, BETH

3701 NO. ANDREWS STREET
PENSACOLA FL 32505

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 officer 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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the officer or director

Signature typed or printed name of new registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
HOFF, BETH
3701 NO. ANDREWS STREET
PENSACOLA FL 32505

DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

BETH HOFF

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VTD
HOFF, DAVID
3701 NO. ANDREWS STREET
PENSACOLA FL 32505

DELETE

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

DAVID HOFF

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

Change Addition

500001886075
-07/08/96--01040--006
***200.00

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)