

**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 # **G09203 (2)**

1. Corporation Name

**GODWIN TECHNOLOGIES, INC.**



Principal Place of Business

Mailing Address

% FRED D. GODWIN  
1202 W. CRAWFORD ST.  
QUINCY FL 32351

% FRED D. GODWIN  
1202 W. CRAWFORD ST.  
QUINCY FL 32351

3. Date Incorporated or Qualified **11/22/1982** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

4. FEI Number <b>59-2320129</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**GODWIN, FRED D.  
1202 W CRAWFORD ST  
QUINCY FL 32351-9804**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	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 and title if applicable.

(NOTE: Registered Agent signature required when registering.)

DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>PVD</b> <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GODWIN, FRED D</b>	1.2 NAME
STREET ADDRESS	<b>1009 WEST KING ST</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>QUINCY FL</b>	1.4 CITY-ST-ZIP
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GODWIN, DAVIE D.</b>	2.2 NAME
STREET ADDRESS	<b>1200 W. CRAWFORD ST.</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>QUINCY FL</b>	2.4 CITY-ST-ZIP
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GODWIN, FRED D.</b>	3.2 NAME
STREET ADDRESS	<b>1200 W. CRAWFORD ST.</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>QUINCY FL</b>	3.4 CITY-ST-ZIP
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GODWIN, ADDIE E.</b>	4.2 NAME
STREET ADDRESS	<b>1200 W. CRAWFORD ST.</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>QUINCY FL</b>	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE:

*Fred D. Godwin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/10/96* *875-2777*  
Date Date/Phone #

CR2E034 (12/95)