

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

FILED

May 02 1997 8:00am
Secretary of State



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthorn
 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

3. Date Incorporated or Qualified **11/22/1982** 3a. Date of Last Report **04/15/1996**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-2320129** 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

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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0592 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 *Fred D. Godwin* **FRED D. Godwin** **4/28/97**
Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	PVD GODWIN, FRED D 1009 WEST KING ST QUINCY FL	<input type="checkbox"/> DELETE	
	P GODWIN, DAVE D. 1200 W. CRAWFORD ST. QUINCY FL	<input checked="" type="checkbox"/> DELETE	
	V GODWIN, FRED D. 1200 W. CRAWFORD ST. QUINCY FL	<input type="checkbox"/> DELETE	
	ST GODWIN, ADDIE E. 1200 W. CRAWFORD ST. QUINCY FL	<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	P James A. Godwin Rt 6 Box 27 Quincy FL 32351
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	

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: *Fred D. Godwin* **Fred D. Godwin** **4/28/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (9/96)