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FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90052 040 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **G09203**

1. Corporation Name
GODWIN TECHNOLOGIES, INC.



Principal Place of Business Mailing Address
 % FRED D. GODWIN % FRED D. GODWIN
 1202 W. CRAWFORD ST. 1202 W. CRAWFORD ST.
 QUINCY FL 32351 QUINCY FL 32351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/22/1982

4. FEI Number Applied For
59-2320129 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **1201 W. Jefferson St.** 26 **1201 W. Jefferson St.**
 Suite, Apt #, etc. Suite, Apt #, etc.

22 27

23 City & State City & State
Quincy, Fla. **Quincy, Fla.**

24 Zip Country 25 **Gadsden** 29 **32351** 30 **Gadsden**

9. Name and Address of Current Registered Agent
GODWIN, FRED D.
1202 W CRAWFORD ST
QUINCY FL 32351-9804

10. Name and Address of New Registered Agent
 81 Name **Fred D. Godwin**
 82 Street Address (P.O. Box Number is Not Acceptable)
1201 W. Jefferson St.
 83
 84 City **Quincy** FL 85 Zip Code **32351**

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 **Fred D. Godwin** **Fred D. Godwin** **4/26/99**
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 | PVD | <input type="checkbox"/> DELETE |
| NAME | GODWIN, FRED D | |
| STREET ADDRESS | 1009 WEST KING ST | |
| CITY-ST-ZIP | QUINCY FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | GODWIN, JAMES A | |
| STREET ADDRESS | RT 6 BOX 27 | |
| CITY-ST-ZIP | QUINCY FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | GODWIN, FRED D. | |
| STREET ADDRESS | 1200 W. CRAWFORD ST. | |
| CITY-ST-ZIP | QUINCY FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | GODWIN, ADDIE E. | |
| STREET ADDRESS | 1200 W. CRAWFORD ST. | |
| CITY-ST-ZIP | QUINCY FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | SAME |
| 1.3 STREET ADDRESS | 1201 W. Jefferson St |
| 1.4 CITY-ST-ZIP | Quincy, Fla. 32351 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | SAME |
| 2.3 STREET ADDRESS | 1201 W. Jefferson St. |
| 2.4 CITY-ST-ZIP | Quincy, FL. 32351 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | SAME |
| 3.3 STREET ADDRESS | 1201 W. Jefferson St. |
| 3.4 CITY-ST-ZIP | Quincy FL. 32351 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | SAME |
| 4.3 STREET ADDRESS | 1201 W. Jefferson St. |
| 4.4 CITY-ST-ZIP | Quincy, FL. 32351 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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: **Fred D. Godwin** **Fred D. Godwin** **4/26/99** **875-2721**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Jaytime Phone #

CR2E034 (11/98)