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FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G64989** (8)
1. Corporation Name
GODFREY ENGINEERING, INC.



Principal Place of Business 129 FAIRFIELD ST OLDSMAR FL 34677	Mailing Address 129 FAIRFIELD ST OLDSMAR FL 34677-3618
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3. Date incorporated or Qualified 10/14/1983	3a. Date of Last Report 04/29/1996
4. FEI Number 59-2341516	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	

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 Zip Country	29 Zip Country
25	30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input checked="" type="checkbox"/> DELETE
NAME	KAPLAN, HARLEY B	
STREET ADDRESS	129 FAIRFIELD ST	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHERWOOD, GEORGE K.	
STREET ADDRESS	3925 EMBASSY PKWY	
CITY-ST-ZIP	AKRON OH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CALISE, NICHOLAS J.	
STREET ADDRESS	3925 EMBASSY PKWY	
CITY-ST-ZIP	AKRON OH	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MCMILLAN, ROBERT A.	
STREET ADDRESS	3925 EMBASSY PKWY	
CITY-ST-ZIP	AKRON OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ORISK, JOHN J.	
STREET ADDRESS	250 N CLEVELAND-MASSILLON RD	
CITY-ST-ZIP	AKRON OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LARSEN, MARSHALL	
STREET ADDRESS	250 N CLEVELAND-MASSILLON RD	
CITY-ST-ZIP	AKRON OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wesley S. Perry	
1.3 STREET ADDRESS	5353 52nd Street SE	
1.4 CITY-ST-ZIP	Grand Rapids, MI 49588-0873	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	4020 Kinross Lakes Pkwy	
2.4 CITY-ST-ZIP	Richfield, OH 44286-9368	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	4020 Kinross Lakes Pkwy	
3.4 CITY-ST-ZIP	Richfield, OH 44286-9368	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Les C. Vinney	
4.3 STREET ADDRESS	4020 Kinross Lakes Pkwy	
4.4 CITY-ST-ZIP	Richfield, OH 44286-9368	
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 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, trustee, or assignee 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: _____ (12) 955-1428

CR2E034 (9/96)