

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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 517991 (6)
 1. Corporation Name
GODWIN, INC.



Principal Place of Business 575 EAST LAKE LOTELA DRIVE P.O. BOX 327 AVON PARK FL 33825	Mailing Address 575 EAST LAKE LOTELA DRIVE P.O. BOX 327 AVON PARK FL 33825
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/05/1976		4. FEI Number 59-1702115		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 905 EAST LAKE LOTELA DR Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 327 Suite, Apt. #, etc.	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23 AVON PARK, FL City & State Zip 33825 Country USA	27 AVON PARK, FL City & State Zip 33826 Country US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent ACCORSI, ANTHONY 329 S COMMERCE AVE. SEBRING FL 33870				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				84 City	
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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD MCCLELLAN, GEORGIANN 200 MAGNOLIA ST NASHVILLE GA	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	ZIP 31639
TITLE	PTD GODWIN, HOWARD C. 905 E. LAKE LOTELA DRIVE AVON PARK FL 33825	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 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: Howard C. Godwin, HOWARD C. GODWIN / 3-10-98 941-3827214

CP2E034 (10/97)