

FILE NOW: FILING FEE AFTER MAY 1 IS \$225

APPROVED AND FILED

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

95 APR 14 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 557809 (1)
1. Corporation Name
GODAWA, INC.

Principal Place of Business Mailing Address
**1703 MAGNOLIA AVE.
LOT B 13
SOUTH DAYTONA FL 32119-1735**

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified **01/23/1978** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1609426** 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**
B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MCCONNELL, HARRY G.
444 SEABREEZE BLVD., SUITE 900
DAYTONA BEACH FL 32118**

10. Name and Address of New Registered Agent
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 607.0502 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	TD
NAME	CREECH, S PAUL
STREET ADDRESS	780 SUGAR CANE LN
CITY - ST - ZIP	PT. ORANGE, FL 0
TITLE	PD
NAME	CREECH, LINDA L
STREET ADDRESS	780 SUGAR CANE LN
CITY - ST - ZIP	PT ORANGE FL
TITLE	VD
NAME	GODAWA, FRED E
STREET ADDRESS	1703 MAGNOLIA AVE
CITY - ST - ZIP	S DAYTONA, FL 00000
TITLE	D
NAME	VICKERS, TANYA L
STREET ADDRESS	1703 MAGNOLIA, E-2
CITY - ST - ZIP	S. DAYTONA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CREECH, S PAUL, JR.	
1.3 STREET ADDRESS	3231 SPURCE CREEK BLVD	
1.4 CITY - ST - ZIP	DAYTONA Bch., FL 32124	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CREECH, Linda L.	
2.3 STREET ADDRESS	3231 Spurce Creek Blvd	
2.4 CITY - ST - ZIP	Daytona Bch., FL 32124	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GODAWA, FRED E	
3.3 STREET ADDRESS	858 Dunham Rd	
3.4 CITY - ST - ZIP	50 DAYTONA, FL 32119	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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 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: *Linda Creech PD* / *LINDA CREECH* *4/10/95* *701-2044*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Area #)