

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 557809 (1)

1. Corporation Name

GODAWA, INC.



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

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

3. Date Incorporated or Qualified	3a. Date of Last Report
01/23/1978	04/14/1995
4. FEI Number	Applied For
59-1809426	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
MCCONNELL, HARRY G. 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH FL 32118		81	Name	
		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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title (if applicable) NOTE: Registered Agent signature required for this filing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	CREECH, S PAUL	1.2 NAME	
STREET ADDRESS	780 SUGAR CANE LN	1.3 STREET ADDRESS	CREECH, S. PAUL, JR.
CITY-ST-ZIP	PT. ORANGE, FL. 0	1.4 CITY-ST-ZIP	3231 SPRUCE CREEK Blvd Daytona Bch, FL 32124
TITLE	PD	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	CREECH, LINDA L	2.2 NAME	
STREET ADDRESS	780 SUGAR CANE LN	2.3 STREET ADDRESS	CREECH, LINDA L.
CITY-ST-ZIP	PT ORANGE FL	2.4 CITY-ST-ZIP	3231 SPRUCE CREEK Blvd Daytona Bch, FL 32124
TITLE	VD	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	GODAWA, FRED E	3.2 NAME	
STREET ADDRESS	1703 MAGNOLIA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	S DAYTONA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	VICKERS, TANYA L.	4.2 NAME	
STREET ADDRESS	1703 MAGNOLIA, E-2	4.3 STREET ADDRESS	
CITY-ST-ZIP	S. DAYTONA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* LINDA CREECH 3/29/96 (904) 761-2044  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)