


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

<b>CORPORATION ANNUAL REPORT 1995</b>	 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Morrison Secretary of State DIVISION OF CORPORATIONS</b>
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**APPROVED  
AND  
FILED**

**95 APR 17 PM 2:24**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

<b>DOCUMENT # F86512 (3)</b>
<b>1. Corporation Name</b> <b>GDOE, INC.</b>

<b>Principal Place of Business</b> <b>2919 TIMBERLEE RD WIMAUMA FL 33598</b>	<b>Mailing Address</b> <b>2919 TIMBERLEE RD WIMAUMA FL 33598</b>
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DO NOT WRITE IN THIS SPACE.

<b>3. Date Incorporated or Qualified</b> <b>06/23/1982</b>		<b>3a. Date of Last Report</b> <b>02/21/1994</b>	
<b>4. FEI Number</b> <b>59-2214594</b>		<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			

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

<b>9. Name and Address of Current Registered Agent</b>
<b>KAISER, MARTIN J 685 CENTRAL AVE STE 100 ST PETERSBURG FL 33701</b>

<b>10. Name and Address of New Registered Agent</b>
<b>81 Name</b>
<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>
<b>83</b>
<b>84 City</b>
<b>FL</b>
<b>85 Zip Code</b>

**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 when reappointing)

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>D</b>	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>THOMAS, D J</b>	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>2919 TIMBERLEE RD</b>	<b>1.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>WIMAUMA, FL 00000</b>	<b>1.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>PD</b>	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>WILEY, DALE F</b>	<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>2919 TIMBERLEE RD</b>	<b>2.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>WIMAUMA, FL 00000</b>	<b>2.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>3.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>3.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>4.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>5.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>6.4 CITY - ST - ZIP</b>	

**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 110.07(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:** Dale F Wiley Dale F Wiley President 44095 813249.8302  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #