

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

FILED
Feb 17 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 # F97000006339 (2)

1. Corporation Name

G.C.W. SERVICES, INC.



Principal Place of Business

Mailing Address

1406 N. MAIN ST.
WETHERFORD TX 76086

1406 N. MAIN ST.
WETHERFORD TX 76086

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 SAME AS ABOVE		26 SAME AS ABOVE		12/01/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 SAME		27 SAME		58-2272843	
City & State		City & State		Applied For	
23 SAME		28 SAME		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		X	
Country		Country		\$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing	
				Trust Fund Contribution	
				X	
				\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Yes No	
				X	

g. Name and Address of Current Registered Agent

WATTS, CECIL M
1009 OSPREY DR.
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name

NA

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

N/A

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSDC	1.1 TITLE	
NAME	WATTS, CECIL M	1.2 NAME	
STREET ADDRESS	1009 OSPREY DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL 32940	1.4 CITY - ST - ZIP	
TITLE	VTDC	2.1 TITLE	
NAME	CHANE, GARY K	2.2 NAME	
STREET ADDRESS	1406 N. MAIN ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	WETHERFORD TX 76086	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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:  - GARY K. CHANE 2-4-98 8175942977

CR2E034 (10/97)