

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

DOCUMENT # G09203

(2)

1. Corporation Name

GODWIN TECHNOLOGIES, INC.

95 MAY -1 PM 3:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**% FRED D. GODWIN
1202 W. CRAWFORD ST.
QUINCY FL 32351**

Mailing Address

**% FRED D. GODWIN
1202 W. CRAWFORD ST.
QUINCY FL 32351**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/22/1982

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2320129

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**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

Country

9. Name and Address of Current Registered Agent

**GODWIN, FRED D.
1202 W CRAWFORD ST
QUINCY FL 32351-9804**

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

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

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PVD
GODWIN, FRED D
1009 WEST KING ST
QUINCY FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
GODWIN, DAVIE D.
1200 W. CRAWFORD ST.
QUINCY FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
GODWIN, FRED D.
1200 W. CRAWFORD ST.
QUINCY FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
GODWIN, ADDIE E.
1200 W. CRAWFORD ST.
QUINCY 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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE