

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G09203 (2)
 1. Corporation Name
GODWIN TECHNOLOGIES, INC.

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 32351-2804
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/22/1982	3a. Date of Last Report 04/15/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2320129		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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. City		84. City	
85. Zip Code		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: *Fred D. Godwin* **FRED D. Godwin** DATE: **4/28/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODWIN, FRED D	1.2 NAME	
STREET ADDRESS	1009 WEST KING ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODWIN, DAVE D.	2.2 NAME	
STREET ADDRESS	1200 W. CRAWFORD ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODWIN, FRED D.	3.2 NAME	
STREET ADDRESS	1200 W. CRAWFORD ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODWIN, ADDIE E.	4.2 NAME	
STREET ADDRESS	1200 W. CRAWFORD ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	James A. Godwin
STREET ADDRESS		5.3 STREET ADDRESS	Rt 6 Box 27
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Quincy FL 32351
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Fred D. Godwin* **FRED D. Godwin** DATE: **4/28/97**

CR2E034 (9/96)