

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # N42093 (7)

1. Corporation Name

G.D.P.W.W., INC.

95 APR -5 PM 2:26

Principal Place of Business	Mailing Address
787 HILLCREST IND. BLVD. MACON GA 31204 US	787 HILLCREST IND. BLVD. MACON GA 31204 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/15/1991	3a. Date of Last Report 06/30/1994
4. FEI Number 65-0258881	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

HUDSON, GEORGE R.
3524 CRAFTSMAN BLVD
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	KOPP, ROBERT
STREET ADDRESS	800 NW MAN
CITY-ST-ZIP	LEES SUMMIT MO
TITLE	D
NAME	CRANE, JAMES
STREET ADDRESS	P. O. BOX 38 N/A
CITY-ST-ZIP	KIMBERLY WI
TITLE	SD
NAME	ROBINSON, W. G
STREET ADDRESS	787 HILLCREST IND. BLVD.
CITY-ST-ZIP	MACON GA
TITLE	SD
NAME	TAVERNA, LARRY
STREET ADDRESS	12005 SPALDING SCHOOL D
CITY-ST-ZIP	PLAINFIELD IL
TITLE	PD
NAME	GIESING, GEORGE S
STREET ADDRESS	213 CHESTERFIELD BLVD
CITY-ST-ZIP	CHESTERFIELD MO
TITLE	VD
NAME	STEGELMEYER, OWEN
STREET ADDRESS	600 FRONT ST
CITY-ST-ZIP	BEREA OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D DEDDO, KEN
4.3 STREET ADDRESS	353 PITTSBURGH ROAD
4.4 CITY-ST-ZIP	BUTLER, PA 16001
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D PECK, HENRY
6.3 STREET ADDRESS	8851 KELSO DRIVE
6.4 CITY-ST-ZIP	BALTIMORE, MD 21221

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 this corporation or the receiver or trustee appointed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W.G. Robinson [Signature] **3/10/95** **912-742-4761**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR