

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N42093** (7)
1. Corporation Name
G.D.P.W.W., INC.



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

3. Date Incorporated or Qualified: **02/15/1991**
3a. Date of Last Report: **04/05/1995**

2. Principal Place of Business: **21 110 GATEWAY DRIVE**
Suite, Apt. #, etc.:
City & State: **23 MACON GA.**
Zip: **24 31210**
Country: **25 USA**

2a. Mailing Address: **26 110 GATEWAY DRIVE**
Suite, Apt. #, etc.:
City & State: **28 MACON GA**
Zip: **29 31210**
Country: **30 USA**

4. FEI Number: **65-0259881**
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

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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KOPP, ROBERT	
STREET ADDRESS	800 NW MAN	
CITY-ST-ZIP	LEES SUMMIT MO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRANE, JAMES	
STREET ADDRESS	P. O. BOX 38 N/A	
CITY-ST-ZIP	KIMBERLY WI	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROBINSON, W. G	
STREET ADDRESS	787 HILLCREST IND. BLVD.	
CITY-ST-ZIP	MACON GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEDDO, KEN	
STREET ADDRESS	353 PITTSBURGH RD	
CITY-ST-ZIP	BUTLER PA	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GIESSING, GEORGE S	
STREET ADDRESS	213 CHESTERFIELD BLVD	
CITY-ST-ZIP	CHESTERFIELD MO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PECK, HENRY	
STREET ADDRESS	8851 KELSO DR	
CITY-ST-ZIP	BALTIMORE MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RDELMAN, MARK	
1.3 STREET ADDRESS	P.O. BOX 47129	
1.4 CITY-ST-ZIP	MINNEAPOLIS, MN. 55447	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HARDISON, Bob	
5.3 STREET ADDRESS	P.O. BOX 110	
5.4 CITY-ST-ZIP	SANFORD, ME 04073	
6.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(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 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 - President** Date: **2/10/96** Daytime Phone #: **912 742-4761**

CR2E037 (12/95)