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Feb 28 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION
 ANNUAL REPORT
 1997



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 Mailing Address
 110 GATEWAY DRIVE MACON GA 31210
 110 GATEWAY DRIVE MACON GA 31210-1140
 US US

3. Date Incorporated or Qualified 02/15/1991 3a. Date of Last Report 02/21/1996
 4. FEI Number 65-0259881 Applied For Not Applicable
 6. 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 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 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 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 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	ED DELETED	1.1 TITLE	D TARR JEFF <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDELMAN, MARK	1.2 NAME	700 W. Bagely Rd
STREET ADDRESS	1900 Annapolis Lane	1.3 STREET ADDRESS	BEREA, OHIO 44017
CITY-ST-ZIP	MINNEAPOLIS MN 55441	1.4 CITY-ST-ZIP	
TITLE	D DELETED	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRANE, JAMES	2.2 NAME	MUSE, HAROLD
STREET ADDRESS	P. O. BOX 38 N/A	2.3 STREET ADDRESS	795 Industrial Village Rd.
CITY-ST-ZIP	KIMBERLY WI	2.4 CITY-ST-ZIP	GREENSBORO, NC 27409
TITLE	PD <input type="checkbox"/> DELETED	3.1 TITLE	
NAME	ROBINSON, W, G	3.2 NAME	
STREET ADDRESS	110 Gateway Dr.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MACON GA 31210	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETED	4.1 TITLE	
NAME	DEDDO, KEN	4.2 NAME	
STREET ADDRESS	353 PITTSBURGH RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BUTLER PA	4.4 CITY-ST-ZIP	
TITLE	PD DELETED	5.1 TITLE	
NAME	HARDISON, BOB	5.2 NAME	
STREET ADDRESS	13 Eagle Drive	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD ME 04073	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETED	6.1 TITLE	
NAME	PECK, HENRY	6.2 NAME	
STREET ADDRESS	8851 KELSO DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Henry Peck / Secretary 2/28/97 410-682-2660

CR2E037 (9/96)