


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90009 010 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N42093 ✓ 1. Corporation Name G.D.P.W.W., INC.		
Principal Place of Business 110 GATEWAY DRIVE MACON GA 31210 US	Mailing Address 110 GATEWAY DRIVE MACON GA 32310 US	

* 5 94804 4 90009 10 4 *



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
23	City & State	City & State	Applied For
24	Zip	Zip	Not Applicable
25	Country	Country	5. Certificate of Status Desired
26			6. Election Campaign Financing
27			Trust Fund Contribution
28			8.75 Additional Fee Required
29			5.00 May Be Added to Fees
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	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDELMAN, MARK	1.2 NAME	D PIERSON, MIKE
STREET ADDRESS	1900 ANNAPOLIS LN	1.3 STREET ADDRESS	5930 1ST AVE S.
CITY-ST-ZIP	MINNEAPOLIS MN 55441	1.4 CITY-ST-ZIP	SEATTLE WA 98108
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARR, JEFF	2.2 NAME	
STREET ADDRESS	705 W BAGLEY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BEREA OH 44017	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAROLD, MUSE	4.2 NAME	
STREET ADDRESS	7921 INDUSTRIAL VILLAGE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC 27409	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDISON, BOB	5.2 NAME	
STREET ADDRESS	13 EAGLE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD ME 04673	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECK, HENRY	6.2 NAME	
STREET ADDRESS	8851 KELSO DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21221	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: WICKHAM PIERSON 7/9/99 206 767 6700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)