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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

## Lana lana lana

97 APR 30 AM 9: 10

JIMMY G	GODWIN TRANSPORT CO			SECRETARY OF S TALLAHASSEE FL	óriða Manamananan
Principal Place of Business LICHWAY 67 SOSUTH HOSFORD FL 32334		Mailing Address PO BOX 344 HOSFORD FL 32334-0344		s is an ing to the figure of the manual Sec	iai dalak auri delai eriki balih een 1981
				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Fla	nce of Business	2a. Mailing Address		<b>06/13/1996 4.</b> FEI Number	Applied For
	1. Box 45-E	26		129-3382437	Not Applicable
Suite, Apt #	, etc	Suite, Apt., #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2 .		27			Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
2 <sub>1</sub> 0	Country	Zip	Country	8. This corporation has liability for	
4	25	29	30		Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	egistered Agent
	WIN, JOY S		81 Name		•
-HIGHWAY 67 SOUTH-			82 Street Ad	Idress (P.O. Box Number is Not Acceptal	ble)
HOS	FORD FL 32334		B3 Row	te 1, Box 45-E	
			84 City		FL 85 Zip Code
					, mar
<ol><li>Pursuant to</li></ol>	the provisions of Sections 607.0	502 and 607.1508, Florida Sta	tutes, the above-named co	orporation submits this statement for the	purpose of changing its registered
11. Pursuant to office or re agent 1 <b>af</b> f	o the provisions of Sections 607.0 gistered agent, or both, in the Sta Tramikar with, and accept the obl	502 and 607.1508, Florida Sta tle of Florida. Such change wa ioations of Section 607.0505.	tutes, the above-named co is authorized by the corpor Florida Statutes.	orporation submits this statement for the pration's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
	o the provisions of Sections 607.0 gistered agent, or both, in the Sta Trainitar with, and accomplishe obl	502 and 607, 1508, Florida Sta ile of Florida. Such change wa igatiws of, Section 607,0505,	tutes, the above-named co is authorized by the corpor Florida Statutes.	proporation submits this statement for the ration's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered  4-29-97
SIGNATURE 3	agricus (Mest political anne a ragionica)	agent and tille if applicable. (N	IOTE Registered Agent signature red	quired whon reinstating)	4-29-97 DATE
SIGNATURE \$	agricus (Mest political anne a ragionica)	agent and tille if applicable. (N NND DIRECTORS	IOTE Registered Agent signature red	•	4-29-97 DATE CERS AND DIRECTORS IN 12
BIGNATURE \$	P Paul Maria of 1996 brest	agent and tille if applicable. (N	IOTE Registered Agent signature red 13. 1.1 Title	quired whon reinstating)	4-29-97 DATE CERS AND DIRECTORS IN 12
BIGNATURF \$  12.  II.G	P GODWIN, JIMMY M JR	agent and tille if applicable. (N NND DIRECTORS	IOTE Registered Agent signature reg  13.  1.1 TiTLE  1.2 NAME	quired when reinstating) ADDITIONS/CHANGES TO OFFI	4-29-97 DATE CERS AND DIRECTORS IN 12
SIGNATURE S  12.  HULL HAME STREET ANDRESS S	P GODWIN, JIMMY M JR LIBGINNAY OF GOOUTH	agent and tille if applicable. (N NND DIRECTORS	IOTE Registered Agent signature red  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	quired whon reinstating)	4-29-97 DATE CERS AND DIRECTORS IN 12
SIGNATURE \$  12.  HAME	P GODWIN, JIMMY M JR	agent and tille if applicable. (N NND DIRECTORS	IOTE Registered Agent signature reg  13.  1.1 TiTLE  1.2 NAME	quired when reinstating) ADDITIONS/CHANGES TO OFFI	Y - 29-97  DATE  CERS AND DIRECTORS IN 12  M Change
SIGNATURE S  2.  THE HAMBERS SITY STATE  THE STATE  THE STATE  THE STATE STATE  THE STATE STATE  THE STATE STATE  THE STATE  THE STATE  THE STATE STATE  THE STATE STATE  THE STATE STATE  THE STATE  THE STATE  THE STATE STATE  THE STATE STATE  THE STATE STATE  THE STATE  TH	P GODWIN, JIMMY M JR LISCHWAY OF GOOUTH HOSFORD FL 32334	agent and the if applicable. (NO DIRECTORS	13. 1.1 Tifle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 Tifle 2.2 NAME	ADDITIONS/CHANGES TO OFFI	Y - 29 - 97  DATE  CERS AND DIRECTORS IN 12  My Change ☐ Addition
EIGNATURF S  2.  OUF  AME  THE LAUDRESS S  ITY SI-ZIF  THE  AME	P GODWIN, JIMMY M JR LIIGHWAY OF GOOUTH HOSFORD FL 32334	agent and the if applicable. (NO DIRECTORS	13. 1.1 Tifle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 Tifle 2.2 NAME	ADDITIONS/CHANGES TO OFFI	Y - 29 - 97  DATE  CERS AND DIRECTORS IN 12  My Change ☐ Addition
EIGNATURE S  2.  OUT  AME  THEEL ADDRESS  ITY SI-JIF  THE  AMIL  TREEL ADDRESS	P GODWIN, JIMMY M JR HISLAWAY OF GOOUTH HOSFORD FL 32334 V GODWIN, JOY S	agent and the if applicable. (NO DIRECTORS	13. 1.1 Tifle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 Tifle 2.2 NAME	Route 1, Box 45-E	A 29-97  DATE  CERS AND DIRECTORS IN 12
EIGNATURE S  2.  OUT  AME  THEEL APPRESS  ITY SI-7PF  TLE  AME  TREEL AUDRESS  MY SI-7PF	P GODWIN, JIMMY M JR HIGHWAY OF GOOUTH HOSFORD FL 32334 V GODWIN, JOY S HIGHWAY 67 905UTH	agent and the if applicable. (NO DIRECTORS	13. 1.1 Tifle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 Tifle 2.2 NAME 2.3 STREET ADDRESS	Route 1, Box 45-E	A 29-97  DATE  CERS AND DIRECTORS IN 12
SIGNATURE \$ 2.  II.4  II.4  II.5  II.7  II.6  III.6	P GODWIN, JIMMY M JR HIGHWAY OF GOOUTH HOSFORD FL 32334 V GODWIN, JOY S HIGHWAY 67 905UTH	egent and tills if applicable. (NOD DIRECTORS DELETE	13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 City-St-Zip 2.1 Title 2.2 NAME 2.3 STREET ADDRESS 2.4 City-St-Zip 3.1 Title 3.2 NAME	Route 1, Box 45-E  Route 1, Box 45-E  Route 1, Box 45-E  -04/30	CERS AND DIRECTORS IN 12  CERS AND DIRECTORS IN 12  Change
ICINATURE \$ 2.  D.F.  AME ISELIAIOBESS \$ ITY SI-JIP ILE  AME ITY-SI-JIP ILE  ITY-SI-JIP ILE  AME ITY-SI-JIP ILE  I	P GODWIN, JIMMY M JR HIGHWAY OF GOOUTH HOSFORD FL 32334 V GODWIN, JOY S HIGHWAY 67 905UTH	egent and tills if applicable. (NOD DIRECTORS DELETE	13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 Title 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 Title 3.2 NAME 1.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS	Route 1, Box 45-E	CERS AND DIRECTORS IN 12  CHange Addition  Change Addition
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SIGNATURE S  2.  ILLE  AME  THEEL ALOBESS S  ITY ST-ZIF  ITHEEL ALOBESS S  ITY ST-ZIF	P GODWIN, JIMMY M JR HIGHWAY OF GOOUTH HOSFORD FL 32334 V GODWIN, JOY S HIGHWAY 67 905UTH	egent and tills if applicable. (NOD DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.1 TITLE 4.1 TITLE 4.1 TITLE	Route 1, Box 45-E  Route 1, Box 45-E  Route 1, Box 45-E  -04/30	CERS AND DIRECTORS IN 12 CHange Addition Change Addition Change Addition
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ECONATURE S  2.  ICH  AME  REEL ALOBESS  ITY ST-ZIF  ICH  AMI  IREEL ALORESS  ITY-ST-ZIP  ICH  AMI  IREEL ALORESS  ITY-ST-ZIP  ICH  AMI  IREEL ALORESS  ITY-ST-ZIP  ICH  ICH  ICH  ICH  ICH  ICH  ICH  I	P GODWIN, JIMMY M JR HIGHWAY OF GOOUTH HOSFORD FL 32334 V GODWIN, JOY S HIGHWAY 67 905UTH	agent and the if applicable. (NO DIRECTIONS   DELETE   DE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Route 1, Box 45-E  Route 1, Box 45-E  Route 1, Box 45-E  -04/30	CERS AND DIRECTORS IN 12  Change
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CONATURE S  2.  APPLICATIONS S  REELAHORESS  IN SILZIP  LEE  MILE  REELAHORESS  IN SILZIP  LEE  MANY  ME  ME  ME  ME  ME  ME  ME  ME  ME	P GODWIN, JIMMY M JR HIGHWAY OF GOOUTH HOSFORD FL 32334 V GODWIN, JOY S HIGHWAY 67 905UTH	agent and the if applicable. (NO DIRECTIONS   DELETE   DE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 1.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 THLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 THLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	Route 1, Box 45-E  Route 1, Box 45-E  Route 1, Box 45-E  -04/30	CERS AND DIRECTORS IN 12  Change
CONATURE \$ 2.  APPLICATIONS \$  REELAHORESS \$  IN STATE  MILE  REELAHORESS \$  IN STATE  MANY  M	P GODWIN, JIMMY M JR HIGHWAY OF GOOUTH HOSFORD FL 32334 V GODWIN, JOY S HIGHWAY 67 905UTH	agent and the if applicable. (NO DIRECTIONS   DELETE   DE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 1.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	Route 1, Box 45-E  Route 1, Box 45-E  Route 1, Box 45-E  -04/30	CERS AND DIRECTORS IN 12  Change
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EIGNATURE  2.  ILLE  AME  THEEL ALOBESS  ILLY SL-ZIP  ILLE  AME	P GODWIN, JIMMY M JR HIGHWAY OF GOOUTH HOSFORD FL 32334 V GODWIN, JOY S HIGHWAY 67 905UTH	agent and tills if applicable. (NOD DIRECTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.3 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.1 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	Route 1, Box 45-E  Route 1, Box 45-E  Route 1, Box 45-E  -04/30	DATE  CERS AND DIRECTORS IN 12  Addition  Change

Too includy certify that the information supplied with this hind does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Further certify 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. Lam 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 appears in Block 13 if changed, or or an attachment with an address.

SIGNATURE: