

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000098227 (7)

1. Corporation Name  
G.W.D., INC.

Principal Place of Business  
739 SOUTH ATLANTIC BOULEVARD  
ORMOND BEACH FL 32176

Mailing Address  
739 SOUTH ATLANTIC BOULEVARD  
ORMOND BEACH FL 32176

FILED

97 NOV 17 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent  
ADAMS, ROSS  
739 SOUTH ATLANTIC BOULEVARD  
ORMOND BEACH FL 32176

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation has authorized the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Ross W. Adams* 31 Sept 97  
8. Name, typed or printed name, of registered agent and title if applicable. (Not a registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE

13. ADDITIONAL OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.5 TITLE	1.6 NAME	1.7 STREET ADDRESS	1.8 CITY-ST-ZIP	1.9 TITLE	1.10 NAME	1.11 STREET ADDRESS	1.12 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	2.5 TITLE	2.6 NAME	2.7 STREET ADDRESS	2.8 CITY-ST-ZIP	2.9 TITLE	2.10 NAME	2.11 STREET ADDRESS	2.12 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	3.5 TITLE	3.6 NAME	3.7 STREET ADDRESS	3.8 CITY-ST-ZIP	3.9 TITLE	3.10 NAME	3.11 STREET ADDRESS	3.12 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	4.5 TITLE	4.6 NAME	4.7 STREET ADDRESS	4.8 CITY-ST-ZIP	4.9 TITLE	4.10 NAME	4.11 STREET ADDRESS	4.12 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	5.5 TITLE	5.6 NAME	5.7 STREET ADDRESS	5.8 CITY-ST-ZIP	5.9 TITLE	5.10 NAME	5.11 STREET ADDRESS	5.12 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	6.5 TITLE	6.6 NAME	6.7 STREET ADDRESS	6.8 CITY-ST-ZIP	6.9 TITLE	6.10 NAME	6.11 STREET ADDRESS	6.12 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Ross W. Adams* 31 Sept 97

(2)

**ROSS ADAMS**  
3691 OLD BALD MT. RD.  
BLAIRSVILLE, GA. 30512  
706-745-3679  
FAX 706-745-2320

DATE: 6 SEPT 97

DIVISION OF CORP  
P.O. BOX 1500  
TALLAHASSEE, FL. 32302-1500

DEAR SIR:

I DON'T KNOW WHAT YOU WANT ON THIS FORM BUT YOU CAN LEAVE ME AS THE CURRENT REGISTERED AGENT IF YOU LIKE WITH 739 SOUTH ATLANTIC BLVD AS THE FLORIDA STREET ADDRESS. BUT SOME HOW OR ANOTHER YOU NEED TO MAIL ALL CORRESPONDENCE TO :

ROSS ADAMS  
3691 OLD BALD MT. RD.  
BLAIRSVILLE, GA. 30512

THE REASON I DID NOT GET THE FORMS BEFORE WAS BECAUSE I DO NOT HAVE A MAIL BOX AT 739 SOUTH ATLANTIC BLVD. ORMOND BEACH FL. THIS IS A VACATION HOME AND WE DON'T GET MAIL THERE. I WILL BE GLAD TO PAY YOU ON TIME IF I GET THE FORMS. UNLESS YOU MAIL THE FORMS TO THE GA. ADDRESS I WANT GET THEM.

THANK YOU

  
ROSS ADAMS