

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S60077 (2)**

1. Corporation Name  
**RONALD G. GODWARD, INC.**



Principal Place of Business: **19684 KINGFISHER LANE LOXAHATCHEE FL 33470**  
Mailing Address: **3626 INVESTMENT LANE RIVIERA BEACH FL 33407**

3. Date Incorporated or Qualified: **06/13/1991**  
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>Ronald G. Godward</b>		<b>65-0268496</b>	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<b>2379 Treasure Isle Drive</b>	<b># 26</b>	<input type="checkbox"/>	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
<b>West Palm Beach</b>	<b>Fl</b>	<input type="checkbox"/>	
24. Zip	25. Country	29. Zip	30. Country
<b>33410</b>	<b>Palm Beach</b>	<b>33410</b>	<b>Palm Beach</b>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>GODWARD, RONALD G. 19684 KINGFISHER LANE LOXAHATCHEE FL 33470</b>	81. Name: <b>Ronald G. Godward #26</b> 82. Street Address (P.O. Box Number is Not Acceptable): <b>2379 Treasure Isle Drive</b> 83. City: <b>West Palm Beach</b> 84. City: <b>West Palm Beach FL</b> 85. Zip Code: <b>33410</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change; <input type="checkbox"/> Addition
NAME	<b>DP GODWARD, RONALD G.</b>	1.2 NAME	<b>Ronald Godward</b>
STREET ADDRESS	<b>19684 KINGFISHER LANE</b>	1.3 STREET ADDRESS	<b>2379 Treasure Isle Drive #26</b>
CITY-ST-ZIP	<b>LOXAHATCHEE FL</b>	1.4 CITY-ST-ZIP	<b>West Palm Beach Fl 33410</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change; <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change; <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change; <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change; <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change; <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Ronald Godward* DATE **4/26/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)