

# 013878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

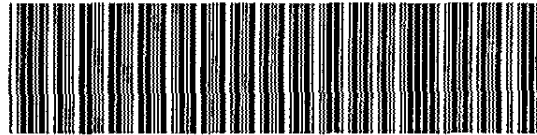
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/26/04--01003--002 \*\*35.00

RECEIVED  
04 JAN 23 PM 3:35  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
04 JAN 23 PM 4:00  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**CT CORPORATION**

January 23, 2004

Department of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

Re: Order #: 5974246 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

GTC, Inc. (FL)  
Change of Agent  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan  
Manager Fulfill Ctr  
Connie\_Bryan@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,  
this statement of change is submitted for a corporation organized under the laws of the State of  
Florida in order to change its registered office or registered agent, or both, in the State  
of Florida.

1. The name of the corporation: GTC, INC.
2. The principal office address: 502 Cecil G. Costin Sr., Blvd.  
Port Saint Joe, FL 32456
3. The mailing address (if different): P O Box 220, Port Saint Joe, FL 32457
4. Date of incorporation/qualification: 6/16/1924 Document number: 013878
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

James B Faison

502 Fifth Street

Port St Joe, FL 32456

6. The name and street address of the new registered agent (if changed) and /or registered office (if  
changed):

C T Corporation System

c/o C T Corporation System

(P.O. Box or personal mailbox NOT acceptable)

1200 South Pine Island Road, Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered  
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

Shirley J. Linney  
(Signature of an officer, chairman or vice chairman of the board)

Shirley J. Linney, Vice President  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete  
performance of my duties, and I am familiar with and accept the obligation of my position as  
registered agent. Or, if this document is being filed merely to reflect a change in the registered  
office address, I hereby confirm that the corporation has been notified in writing of this change.*

C T Corporation System

By: [Signature]  
(Signature of Registered Agent)

1/19/04  
(Date)

If signing on behalf of an entity:

Allan Farnell, Vice President

(Typed or Printed Name)

(Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314