

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 214578

1. Entity Name

G.A.C. CONTRACTORS, INC.

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90103 012 \*\*\*158.75

Principal Place of Business

4116 NORTH U.S. HIGHWAY 231  
P.O. BOX 59462  
PANAMA CITY FL 32404-3235

32412

Mailing Address

4116 NORTH U.S. HIGHWAY 231  
P.O. BOX 59462  
PANAMA CITY FL 32404-3235

32412

CU011988



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0840493

Applied For

Not Applicable

Zip

Country

Zip

Country

32412

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILTON, L. CHARLES JR  
4116 NORTH U.S. HIGHWAY 231  
PANAMA CITY FL 32404

32404

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C  
NAME HILTON, L. CHARLES JR  
STREET ADDRESS 4116 N. HIGHWAY 231  
CITY-ST-ZIP PANAMA CITY FL 32404 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P  
NAME DODD RICHARD M.  
STREET ADDRESS 4116 N. HIGHWAY 231  
CITY-ST-ZIP PANAMA CITY FL 32404 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VTS  
NAME ATKINSON, CAROL S  
STREET ADDRESS 4116 N. HIGHWAY 231  
CITY-ST-ZIP PANAMA CITY FL 32404 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME BENSE ALLAN G.  
STREET ADDRESS 4116 N. HWY. 231  
CITY-ST-ZIP PANAMA CITY FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-01 8509854675

CR2E034 (10/00)