FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J81785** **(4)**

1. Corporation Name
G.M.T. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
249 ROYAL PALM WAY P. O. BOX 2202 PALM BEACH FL 33480	249 ROYAL PALM WAY P. O. BOX 2202 PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/01/1987
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business
21: 350 S. County Road
22 Suite, Apt. #, etc.: 2001
23 City & State: Palm Beach, Fl
24 Zip: 33480
25 Country: Palm Beach

2a. Mailing Address
26:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 59-2836379 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THIBADEAU, PAUL (ESQUIRE)
249 ROYAL PALM WAY, 4TH FLOOR
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name: Thibadeau, Paul (Esquire)
82 Street Address (P.O. Box Number is Not Acceptable): 350 S. County Road
83: Suite 2001
84 City: Palm Beach FL 85 Zip Code: 33480

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	PST	11 TITLE	Treasurer	☐ Change ☒ Addition
NAME	TYLANDER, GEORGIA M.	12 NAME	William H. Tylander, Jr	
STREET ADDRESS	225 SOUTH COUNTY ROAD	13 STREET ADDRESS	225 South County Road	
CITY-ST-ZIP	PALM BEACH FL	14 CITY-ST-ZIP	Palm Beach, Fl 33480	
TITLE		21 TITLE	PS	☒ Change ☐ Addition
NAME		22 NAME	Tylander, Georgia M.	
STREET ADDRESS		23 STREET ADDRESS	225 South County Road	
CITY-ST-ZIP		24 CITY-ST-ZIP	Palm Beach, Fl 33480	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Georgia M. Tylander Georgia M. Tylander 1/22/95 407-833-7997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

043A00 FF