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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 11:04

DOCUMENT # K03115 (8)

1. Corporation Name
GTO, INC.

Principal Place of Business	Mailing Address
% CHUCK MITCHELL ~~738 CAPITAL CIRCLE, N.W.~~ TALLAHASSEE FL ~~32304~~ US	% CHUCK MITCHELL ~~738 CAPITAL CIRCLE, N.W.~~ TALLAHASSEE FL ~~32304~~ US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/20/1987
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business
21: 3121 HARTSFIELD RD.
22 Suite, Apt. #, etc.:
23 City & State:
24 Zip: 32303
25 Country:

2a. Mailing Address
26: 3121 HARTSFIELD RD.
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip: 32303
30 Country:

4. FEI Number: 59-2857380 ☐ 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

MITCHELL, CHUCK
~~738 CAPITAL CIRCLE, NW~~
TALLAHASSEE FL ~~32304~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 3121 HARTSFIELD RD.
83:
84 City: FL 85 Zip Code: 32303

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	P	1.1 TITLE		☒ Change ☐ Addition
NAME	MITCHELL, CHUCK	1.2 NAME		
STREET ADDRESS	~~738 CAPITAL CIRCLE, NW~~	1.3 STREET ADDRESS	3121 HARTSFIELD RD.	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	32303	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	ELLIOTT, PAUL R.	2.2 NAME		
STREET ADDRESS	~~738 CAPITAL CIRCLE, NW~~	2.3 STREET ADDRESS	3121 HARTSFIELD RD.	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	MITCHELL III, ~~CHARLES B.~~ C	3.2 NAME	CHUCK	
STREET ADDRESS	~~738 CAPITAL CIRCLE, NW~~	3.3 STREET ADDRESS	3121 HARTSFIELD RD.	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	32303	
TITLE	~~DIR~~ JR V-P	4.1 TITLE		☐ Change ☒ Addition
NAME	WAYNE PAYNE	4.2 NAME		
STREET ADDRESS	3121 HARTSFIELD RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 added on an attachment with an address.

SIGNATURE: [signature] PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

1/19/95
Date

904-525-0176
Daytime Phone #

0020630 CP