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 # K03115 (8)

1. Corporation Name
GTO, INC.

Principal Place of Business
% CHUCK MITCHELL
3121 HARTSFIELD RD.
TALLAHASSEE FL 32303
US

Mailing Address
% CHUCK MITCHELL
3121 HARTSFIELD RD.
TALLAHASSEE FL 32303
US

3. Date Incorporated or Qualified: 11/20/1987
3a. Date of Last Report: 01/19/1995
4. FEI Number: 59-2857380 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 ____
Suite, Apt. #, etc.
22 ____
City & State
23 ____
Zip 24 ____ Country 25 ____

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

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
3121 HARTSFIELD RD.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, CHUCK		1 2 NAME		
STREET ADDRESS	3121 HARTSFIELD ROAD		1 3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		1 4 CITY-ST-ZIP		
TITLE	~~D~~	☒ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	~~ELLIOTT, PAUL R.~~		2 2 NAME		
STREET ADDRESS	~~3121 HARTSFIELD ROAD~~		2 3 STREET ADDRESS		
CITY-ST-ZIP	~~TALLAHASSEE FL~~		2 4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, CHUCK		3 2 NAME		
STREET ADDRESS	3121 HARTSFIELD ROAD		3 3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		3 4 CITY-ST-ZIP		
TITLE	~~VP~~	☐ DELETE	4 1 TITLE	SENIOR VP	☑ Change ☐ Addition
NAME	PAYNE, WAYNE		4 2 NAME		
STREET ADDRESS	3121 HARTSFIELD RD.		4 3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4 4 CITY-ST-ZIP		
TITLE	D; CHAIRMAN	☐ DELETE	5 1 TITLE		☑ Change ☐ Addition
NAME	DOLIER, DR. LAURIE		5 2 NAME		
STREET ADDRESS	3121 HARTSFIELD RD		5 3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL		5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	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 on an attachment with an address.

SIGNATURE: [signature] President   1/31/96   904-575-0176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (12/95)