

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000007601 (2)**

1. Corporation Name
G T M CORP.

Principal Place of Business

21535 EDGEWATER DRIVE
PORT CHARLOTTE FL 33952

Mailing Address

21535 EDGEWATER DRIVE
PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1997

4. FEI Number

523-94-3567

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 21535 Edgewater Drive

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Port Charlotte, FL 33952

28

24 Zip

Country

Zip

Country

33952

25 Charlotte,

29

30

9. Name and Address of Current Registered Agent

BURKE SANFILIPPO, RHONDIA C
21535 EDGEWATER DRIVE
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name

Burke, Rhondia C.

82

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

21535 Edgewater Drive

83

84

City

Port Charlotte

FL

85

Zip Code

33952

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

Rhondia C. Burke, pres.

1-19-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURKE, SANFILIPPO, RHONDIA C	
STREET ADDRESS	21535 EDGEWATER DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, FLORENCE	
STREET ADDRESS	1194 DORCHESTER STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MACDONALD, WENDY	
STREET ADDRESS	18180 AKCERMAN ROAD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, Pres./Tres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Burke, Rhondia C.	
1.3 STREET ADDRESS	21535 Edgewater Drive	
1.4 CITY-ST-ZIP	Port Charlotte, FL 33952	

2.1 TITLE	D, Vice Pres./Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Randy Burke	
2.3 STREET ADDRESS	990 South Pierce Street	
2.4 CITY-ST-ZIP	Lakewood, CO 88125	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Rhondia C. Burke, pres.* REQUIRED

1-19-98

CR2E034 (10/97)