SEGUND NOTICE: CURPURATION WILL BE UISSULVED UN OR AFTER SEFTEMBER 13, 1885.
AMOUNT DUE DN OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Aug 06, 1999 8:00 am Secretary of State 08-06-1999 90006 045 ***550.00

1999 DOCUMENT # P98000029177

GTM & COMPANY, INC.

611172 - 90007 - 24

Principal Place of Business Malling Address 290 SW 41 ST. OCALA FL 34474 DO NOT WRITE IN TH 3. Date incorporated or Qualified 03/30/1998 2. Principal Place of Business 21 IIS R2 N.W. 5 LAME 25 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution 21 3 3 1 7 8 25 Country 22 23 3 1 7 8 25 DAM 28 30 Suite, Apt. #, etc. 22 25 3 3 1 7 8 25 Country 9. Name and Address of Current Registered Agent BLACK, DELORA C 2901 SW 41 ST. OCALA FL 34474 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of sections 607.0502 and 507.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hareby accept the agent, I sent farfillar with, and accept the physicions of section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Malling Address 4. FEI Number 5. Certificate of Status Desired 6. Election Campeling Finetricing Trust Fund Contribution 10. Name and Address of New Registered 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes. 83 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of sections 607.0505, Florida Statutes. 84 City FINETRICAL PLANTAGE P	Applied For Not Applicate State of Not Applic	
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14. I hereby cartify that the information supplied with this fiting does not qualify for the exemption stated in section 119.07(3)(i). Florida Statutes. I further certificated 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 un 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607.	tes. I further certify that the information act as if made under oath: that I am	