

2000 UNIFORM BUSINESS REPORT (UBR)

21

FILED
May 01, 2000 8:00 am
Secretary of State

02-20-2000 90037 044 ***150.00

DOCUMENT # P99000063864

1. Entity Name

GTO, INC.

Principal Place of Business

Mailing Address

HARTSFIELD RD.
 TALLAHASSEE FL 32303

3121 HARTSFIELD RD.
 TALLAHASSEE FL 32303-3149

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FET Number

59-3596645

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MITCHELL, CHARLES B III
 3121 HARTSFIELD RD.
 TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	Blankenship, Mike	<input type="checkbox"/> Delete
NAME		BLANKENSHIP, MIKE	
STREET ADDRESS		P.O. BOX 6052	
CITY-ST-ZIP		TALLAHASSEE FL 32301	
TITLE	D	Dozier, Laurie Jr., Dr	<input type="checkbox"/> Delete
NAME		DOZIER, LAURIE JR., DR	
STREET ADDRESS		1226 CLAUDE PICHARD	
CITY-ST-ZIP		TALLAHASSEE FL 32308	
TITLE	D	Elliott, Paul Dr.	<input type="checkbox"/> Delete
NAME		ELLIOTT, PAUL DR.	
STREET ADDRESS		832 GOVERNORS DR.	
CITY-ST-ZIP		TALLAHASSEE FL 32301	
TITLE	D	Coloney, Wayne	<input type="checkbox"/> Delete
NAME		COLONEY, WAYNE	
STREET ADDRESS		1014 N. ADAMS ST.	
CITY-ST-ZIP		TALLAHASSEE FL 32303	
TITLE	D	Dozier, Laurie III	<input type="checkbox"/> Delete
NAME		DOZIER, LAURIE III	
STREET ADDRESS		2101 E. RANDOLPH CIR	
CITY-ST-ZIP		TALLAHASSEE FL 32312	
TITLE	D	Mitchell, Charles B Jr.	<input type="checkbox"/> Delete
NAME		MITCHELL, CHARLES B JR.	
STREET ADDRESS		1715 BROOKSIDE BLVD.	
CITY-ST-ZIP		TALLAHASSEE FL 32301	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles B. Mitchell Jr.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES B. MITCHELL JR
 Date: 1/5/00
 Daytime Phone #: 850-575-0776

CR2E034 (9/99)