

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90497 044 ***150.00

DOCUMENT # P99000063864

1. Entity Name

GTO, INC.

Principal Place of Business

**3121 HARTSFIELD RD.
 TALLAHASSEE FL 32303**

Mailing Address

**3121 HARTSFIELD RD.
 TALLAHASSEE FL 32303**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3596645**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

814456



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

| | | |
|----------------|----------------------------------|--|
| TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Joe Kelley | |
| STREET ADDRESS | 1212 Conservancy Drive E. | |
| CITY-ST-ZIP | Tallahassee, FL 32312 | |
| TITLE | Executive V.P. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Wayne A. Payne | |
| STREET ADDRESS | 26 Gretchen Lane | |
| CITY-ST-ZIP | Sopchoppy, FL 32358 | |
| TITLE | Sr. V.P. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | John P. Mitchell | |
| STREET ADDRESS | P. O. Box 12194 | |
| CITY-ST-ZIP | Tallahassee, FL 32317 | |
| TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Millard Noblin | |
| STREET ADDRESS | 1300 Metropolitan Blvd. | |
| CITY-ST-ZIP | Tallahassee, FL 32308 | |
| 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:

Joe Kelley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe Kelley, President

2/13/01

Date

850-575-0176

Daytime Phone #

CR2E034 (10/00)