

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V38792** ✓

1. Corporation Name

GTL ENTERPRISES, INC.

Principal Place of Business

**607 SHERWOOD DRIVE
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**607 SHERWOOD DRIVE
ALTAMONTE SPRINGS FL 32701**

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90016 029 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1992

4. FEI Number

59-3125846

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 the current year
Intangible Personal Property. ☒ Yes ☐ No

2. Principal Place of Business

21 685 MAYO AVE

Suite, Apt. #, etc.

22

City & State

23 MAETHAND FL

Zip

24 32751

Country

25 USA

2a. Mailing Address

26 685 MAYO AVE

Suite, Apt. #, etc.

27

City & State

28 MAETHAND, FL

Zip

29 32751

Country

30 USA

9. Name and Address of Current Registered Agent

**LEONARD, GREGORY THOMAS
607 SHERWOOD DRIVE
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent

81 Name

82 Leonard, Gregory Thomas

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

685 MAYO AVE.

84 City

MAETHAND

FL

85 Zip Code

32751

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 **Gregory T. Leonard**
Signature, typed or printed name of registered agent and title if applicable.

Gregory T. Leonard
(NOTE: Registered Agent signature required when reinstating)

8/7/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **LEONARD, GREGORY THOMAS**

STREET ADDRESS **607 SHERWOOD DRIVE**

CITY-ST-ZIP **ALTAMONTE SPRGS FL**

TITLE **D** ☐ DELETE

NAME **LEONARD, SUSAN**

STREET ADDRESS **607 SHERWOOD DR**

CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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 REQUIRED

Date

8/7/99

Daytime Phone #

407-328-1667

CR2E034 (5/99)