

FILED AMENDED # 25

APPROVED AND FILED

95 FEB -9 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # v55616 (9)
1. Corporation Name
G T U, INC.

Principal Place of Business Mailing Address
1127 5th Street 1127 5th Street
St. Augustine, FL 32095 St. Augustine, FL 32095

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 900-A Big Oak Road 26 900-A Big Oak Road
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 St. Augustine 28 St. Augustine
Zip Country Zip Country
24 32095 25 St. Johns 29 32095 30 St. Johns

3. Date Incorporated or Qualified 7/31/92 3a. Date of Last Report 1/19/95
4. FEI Number 59-3135936 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
Rice P.A., Frederick L.
5611 St. Augustine Road
One Independent Dr
Jacksonville, FL 32207

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 agent 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 (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-STATE-ZIP
1. DP Usina, V.J. III 1127 5th St St. Augustine, FL 32095
2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP
3. TITLE NAME STREET ADDRESS CITY-STATE-ZIP
4. TITLE NAME STREET ADDRESS CITY-STATE-ZIP
5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP
6. TITLE NAME STREET ADDRESS CITY-STATE-ZIP
7. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME DPST
1.3 STREET ADDRESS Benson, Joy
1.4 CITY-STATE-ZIP 900-A Big Oak Road St. Augustine, FL 32095
2.1 TITLE Change Addition
2.2 NAME D/VP
2.3 STREET ADDRESS Usina, Vernon
2.4 CITY-STATE-ZIP 900-A Big Oak Road St. Augustine, FL 32095
3.3 STREET ADDRESS 900001403813
3.4 CITY-STATE-ZIP -02/10/95--01061--019
4.1 TITLE *****70.00
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information included 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 on Block 12 or Block 13 if changed, as an attachment to my address.

SIGNATURE: Joy Benson Joy Benson 1/26/95 (904) 825-2836
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Filing Date

FL 2-9-95