

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$125 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 9:25

DOCUMENT # P28506

(4)

1. Corporation Name

GCO, INC.

Principal Place of Business

PO BOX 230158
MONTGOMERY AL 36123-0158

Mailing Address

PO BOX 230158
MONTGOMERY AL 36123-0158

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/09/1990

3a. Date of Last Report

02/09/1994

4. FEI Number

63-0978373

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

6. This corporation has liability for intangible tax under s. 199.039,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Total Halcus Summit
Suite, Apt. #, etc.

2a. Mailing Address

26 Total Halcus Summit
Suite, Apt. #, etc.

23 City & State

Montgomery

27 City & State

Montgomery

24

AL

25

36117

29

AL

30

36117

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	MCADAMS, D.W.	8113 WYNLAKE BLVD.	MONTGOMERY AL
VD	MONCRIEF, C.E.	301 JORDAN AVE.	MONTGOMERY AL
VST	BENNETT, JAMES M.	7701 COPPERFIELD DRIVE	MONTGOMERY AL
D	BENNETT, JAMES M.	7701 COPPERFIELD DRIVE	MONTGOMERY AL
D	MULLINS, H.E.	4032 AMBERLY RD.	MONTGOMERY AL
D	EITEL, C.R.	311 SMITH IND. BLVD.	DALTON GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	Change	Addition
1.1	1.2	1.3	1.4	☐	☐
2.1	2.2	2.3	2.4	☐	☐
3.1	3.2	3.3	3.4	☐	☐
4.1	4.2	4.3	4.4	☐	☐
5.1	5.2	5.3	5.4	☒	☐
6.1	6.2	6.3	6.4	☒	☐

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 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Bennett

6-8-95

334 279 8345