FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DO	CUMENT #	1	270220	ገ
1. Corp	poration Name	•		_

G.MC. ENTERPRISES, INC.

FILED

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90025 040 ***150.00

ı	<u> </u>				<u> </u>	,014 (1981) BIBN 01011 BIB		
Principal Place of Business Mailing Address								
313 W. CRESCENT DRIVE		313 W. CRESCENT DRIVE						
P.O. BOX 1266 CLEWISTON FL 33440		P.O. BOX 1266 CLEWISTON FL 33440		DO NOT WRITE IN THIS SPACE				
OCC WIG TO THE					3. Date Incorporated or Qualifed			
					05/23/1963		ı	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For		
21		26			59-1111997		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75	Additional		
22		27		5. Certificate of Status Desired	Fee !	Required		
- City & State	8 y ~ ~ ~ ~ * * * * * * * * * * * * * * * * * * *	-City & State =		_ , , ,		\$5.0	May Be	
23		28			Trust Fund Contribution	Adde	d to Fees	
Zip	Country	Zip	Country	y	8. This corporation owes the current		×	
24	25	29 3	0		Personal Property Tax.	Yes	XNo	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Agent		
LADA	PEN MARIE		81	Name	•	•		
	SEN, KARL E		82	Street Add	·)			
	E CRESCENT DR	•						
ULE	WISTON FL 33440		. 83	3				
	,		84	City		FL 85 Zi	p Code	
		4500 51 11 01 4 1	** 1: - :		poration submits this statement for the pur		its registered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statute	\$. 	on's board of directors. I hereby accept the	DATE	·	
12.	OFFICERS ANI	, , , , , , , , , , , , , , , , , , , 	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12	
TITLE	T	DELETE	1.1 TITLE		-	☐ Chang		
NAME	LARSEN,ELLEN		1.2 NAME					
STREET ADDRESS	313 E. CRESCENT DRIVE	9	1,3 STREE	ET ADDRESS				
CITY-ST-ZIP	CLEWISTON FL		1,4 CITY-1	ST-ZIP				
TITLE	VPS	☐ DELETE	2.1 TITLE			Chang	e Addition	
NAME 1	LARSEN, ERIK C.		2.2 NAME				- 1	
STREET ADDRESS	243 W. PARK AVE.		2,3 STREE	ET ADDRESS			1	
CITY-ST-ZIP •	WINTER PARK FL		2. 4 CFTY-	ST-ZIP			<u></u>	
TITLE	P	☐ DELETE	3.1 TITLE			☐ Chang	je 🗀 Addition	
NAME	LARSEN, KARL E.		3.2 NAME	<u> </u>			j	
STREET ADDRESS	1001 SE 2ND STREET		3,3 STREE	ET ADDRESS			/	
CITY-ST-ZIP	BELLE GLADES FL	i	3,4. CITY-	ST-ZIP	•		<u>-</u>	
TITLE		☐ DELETE	4.1 TITLE			☐ Chang	ge Addition	
NAME	•		4, 2 NAME	<u>.</u>				
STREET ADDRESS			4.3 STREE	ET ADORESS	•			
CITY-ST-ZIP			4.4 CITY+		•			
TITLE		☐ DELETE	5.1 TITLE	-		☐ Chang	ge Addition	
NAME .			5.2 NAME			•		
STREET ADDRESS		•	5.3 STREE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Chang	ge Addition	
NAME		_	6.2 NAME					
STREET ADDRESS			6.3 STREE	ET ADORESS				
CITY-ST-ZIP			6.4 CITY-1			• •		
V11 1-01-21	I		_	1				

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99

Daytime Phone i

CR2E034 (11/98