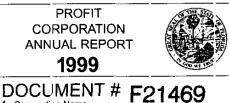
**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State

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GCI/GENERAL CONSTRUCTORS, INC.	

Principal Place of Business Mailing Address 991 EXPLORER COVE.STE.101 991 EXPLORER COVE.STE.101 ALTAMONTE SPGS. FL 32701 ALTAMONTE SPGS. FL 32701 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/27/1981 2a. Mailing Address 4. FEI Number Appl ed For 2. Principal Place of Business Not Applicable 59-2077843 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing City & State \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zin 8. This co poration owes the current year Intangible []No Personal Property Tax. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FIERRO, TIMOTHY J 82 Street Ad Iress (P.O. Box Number is Not Acceptable) **420 SEMINOLE AVENUE** LONGWOOD FL 32750 83 85 Zip Ccde 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its 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, typed or printed narie of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. X Change Addition ☐ DELETE 1.1 TITLE TITLE FIERRO, TIMOTHY J 12 NAME NAME **420 SEMINOLE AVENUE** 13 STREET ADDRESS 1371 SEMINOLE AVE. STREET ADDRESS LONGWOOD FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE ST 2.2 NAME NAME FIERRO, SHARON L. **420 SEMINOLE AVENUE** 2.3 STREET ADDRESS STREET ADDRES 1371 SEMINOLE AVE. LONGWOOD FL 2.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRE 35 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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, on ar other like empowered. TIMOTHÝ J. FIERRO

SIGNATURE:

CITY-ST-ZIP

ME OF SIGNING OFFICE & OR DIRECTOR

PRESIDENT

6.4 CITY-ST-ZIP

(407) 831-8893

(11/98)CR2E034