## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNU	ANNUAL REPORT  Secretary of State  DIVISION OF CORPORATIONS				
DOCUN 1. Corporation	MENT # P9300	00021724 (8	3)		
GCM	POWER & HANDLING SYS	TEMS, INC.			
Principal Place of Business Maing Address					
1750 EAST DUVAL ST. JACKSONVILLE FL 32202		1750 EAST DUVAL ST. JACKSONVILLE FL 32202			
•				3. Date Incorporated or Qualified 03/23/1993	3a. Date of Last Report 05/01/1995
2. Principal Pla 21	ce of Business	2a. Mailing Address		4. F& Number 59-3175949	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Hequired
		28		<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>	S5.00 May Be Added to Fees
Zip  4	Country 25	Zip Country <b>30</b>		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☑ No	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
* STEHL	in, david			JOVIO Stehlic Iress (P.O. Box Number is Not Acceptab	
: 1750 E	. DUVAL ST.	ام		50 East Duvo	ä St.
4-225 W		ye	83		
JACKS	ONVILLE FL 32202		84 City	acksonville	FL 85 Zip Code 0 3 2 3 0 2
11. Pursuant to	the provisions of Sections 607,0502	and 607.1508, Florida Statutes	s, the above-named corpo	oration submits this statement for the pur and of directors. I hereby accept the appo	pose of changing its registered office
familiar with	n, and accept the obligations of, Social	ar e cu duange was authorize on 697, 545, Fidridi, Strictes.	a by the corporation's boa	ard of directors. I hereby accept the appo	Dintment as registered agent. I am
Signature	Apriature, typed or printed name of registered agent a	red table if a real about	E. Registored Agent signature requir	ed when reinstaling)	H-30-96
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
HTLE	PD	DELETE	1. 1 TITLE		Change Addition
JAME STREET ADDRESS	STEHLIN, DAVID C 1033 VALE ORCHID LANE		1.2 NAME		
OTY-ST-ZIP	JACKSONVILLE FL 32207		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
IILE	VTD	DELETE	2. 1 TITLE		Change Addition
IAME	STEHLIN, ROBERT M		2.2 NAME		<del></del>
STREET ADDRESS	1628 AVOCA PLACE		2.3 STREET ADDRESS .		
CITY-S1-ZIP	JACKSONVILLE FL 32207	□ DELETE	2.4 CHY-ST-7/P		F 61 F 1440
TITLE NAME	vsd Stehlin, Joseph C III	L'I parrie	3.1 T/TLE 3.2 NAME		Change Addition
STREET ADDRESS	1610 RIVER RD.		3.3 STREET ADDRESS		
CITY-S1-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE .		☐ D£LĒTĒ	4.1 TITLE		Change Addition
HAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
ITY-\$T-ZIP		[] DELETE	4.4 C(1Y~S1~ZIP		Chance C 4450
IAME		C Dereit	5.1 TITLE 5.2 NAME. )	70000183	Change Addition
STREET ADDRESS			5.3 STREET ADDRESS	-05/22/96010	55033
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***200.00	
ITLE		DELETE	6 1 TITLE		Crange Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	ــــــــ	

14. I do hereby certify that the information supplied with this filling 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 attachmed with an address.

SIGNATURE:

CR2E034 (12/95)