

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # P93000060128 (4)

1. Corporation Name

GMC HI-TECH INDUSTRIES, INC.

90 MAY -1 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4914 RED BAY DR.
ORLANDO FL 32829

4914 RED BAY DR.
ORLANDO FL 32829

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/25/1993

3a. Date of Last Report
02/28/1994

4. FEI Number
59-3199618

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

7. This corporation has liability for intangible tax under S. 190.199
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

24. Country

28. Zip

29. Country

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHEVALIER, GREGORY P
4914 RED BAY DR.
ORLANDO FL 32839

81. Name Gregory P. Chevalier

82. Street Address P.O. Box Number is Not Acceptable
8204 Crystal Clear Ln. St. 600

83. Orlando

84. City

FL 85 32809

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of person named as registered agent and filing application)

(Signature of Registered Agent (Signature required when transferring))

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
CHEVALIER, MELINDA S
4914 RED BAY DR.
ORLANDO FL 32829

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
CHEVALIER, GREGORY P
4914 RED BAY DR.
ORLANDO FL 32829

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.02(3)(b), 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. I am an officer or director of the corporation or the registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my duties require me to file this report on behalf of the corporation.

SIGNATURE:

Sandra B. Morton
Sandra B. Morton
Secretary of State

4-28-95