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

DOCUMENT # **P95000010174**1. Corporation Name

SOUTHEAST GMC CANOPY'S, INC.

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90026 033 ***150.00



Principal Place of Business Mailing Address						L 18814001 (ID 10101 DIVIL DE	HI SONE BONE GON	OI IABIA BBIBI RIBII		
		P.O. BOX 1728								•
CHULUOTA FL 32766		OVIEDO FL 32765			DO NOT WRITE IN THIS SPACE					
	·	•			2.5			S SPACE	· · · · · · · · · · · · · · · · · · ·	
						ate Incorporated or Quali 2/01/1995	ileu			
2 Bringing D	Place of Business	2a. Mailing Address				El Number		ΙΔn	plied For	
 -	lace of Busiliess	26			,	9-3305511			t Applicable	0
21) Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.75		,i
22	, 0.0.	27			5. C	ertifcate of Status Desire	d 🗆	Fee Re		
		City & State	ty & State		6. E	lection Campaign Financ	ing	\$5.00	May Be	
23		28			Ti	rust Fund Contribution	"" 9 🗆	Added t	-	
Zip	Country	Zip	Coun	try	8. TI	his corporation owes the	current year la	ntangible		
24	25	29	30		P	ersonal Property Tax.	•	Yes	□No	
	9. Name and Address of Current			14 11	10. N	lame and Address of No	w Registered	d Agent		
LIAD	RISON, MONICA R		[31 Name						
<u>୍ଟ୍ର</u> ୍ୟୁ	E 5 ST			32 Street	Address (P.O). Box Number is Not Acc	eptable)	******	•	
	JLUOTA FL 32766		l l	12		A regulated respect to the second of the sec		A. 25 . 24 . 25 . 4 . 4 . 4 . 4 . 4 . 4 . 4 . 4 . 4 .	480 510 682	
Oile			[33			引起的人			
	•		Ī	34 City		ri sparririgis isi da		85 Zip (Code Code	
						1 14 44 1 4 4 1 5	the purpose of	of changing its	registered	
AA District	4- 4b			nuo namad						
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	? and 607.1 508, Florida Statut of Florida. Such change was a	es, the about the contract of	ove-named by the corpo	corporation s pration's boar	d of directors. I hereby a	ccept the app	ointment as re	gistered	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of Amamiliar with, and accept the obligation	ions of becalon 607 0505. Fio	inda Statut	es.		iI	ccept the appo	ointment as re	gistered	
11. Pursuant office or r agent. I a SIGNATURE	In tamiliar with, and accept the obligation	Harman	nda Statul	es. Jonica	A RAC	· HARRISON	ccept the appo	ointment as re	gistered	
agent. I a	to the provisions of Sections 607.0502 pgistered agent, or both, in the State configuration of the configuration o	and title if applicable. (NOTE	nda Statul	es. Jonica	4 RAC	· HARRISON	/-/4 DATE	-99		(00)
agent. I a	Sphature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered A	es. ONICA gent signature re	A RAC equired when reins	HARRISON DITIONS/CHANGES TO	/-/4 DATE	-99		
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered A	es. ONICA gent signature re	A RAC equired when reins	HARRISEN	/-/4 DATE	99 AND DIRECTO	RS IN 12	
agent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND HARRISON, GORDON K JR.	and title if applicable. (NOTE	Registered A 13. 1.1 TITL 1.2 NAM	es. ONICA gent signature re	A RAC equired when reins	HARRISON DITIONS/CHANGES TO	/-/4 DATE	99 AND DIRECTO	RS IN 12	1007 1 1 1007
agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND HARRISON, GORDON K JR.	and title if applicable. (NOTE	:: Registered A 1.1 TITL 1.2 NAM 1.3 STR	gent signature n	A RAC equired when reins	HARRISON DITIONS/CHANGES TO	/-/4 DATE	99 AND DIRECTO	RS IN 12	DOTO04 (44 100)
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Spnature, typed or printed name of registered agent OFFICERS AND HARRISON, GORDON K JR. 361 E 5 ST	and title if applicable. (NOTE	:: Registered A 1.1 TITL 1.2 NAM 1.3 STR	es. gent signature n E E E E E E T-ST-ZIP	A RAC equired when reins	HARRISON DITIONS/CHANGES TO	/-/4 DATE	99 AND DIRECTO	RS IN 12	COUNTY 144 150
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Spnature, typed or printed name of registered agent OFFICERS AND PD HARRISON, GORDON K JR. 361 E 5 ST CHULUOTA FL 32766 D HARRISON, MONICA R	and title if applicable. (NOTE D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT	es. Gent signature n E E E E E E E E T ST-ZIP E	A RAC equired when reins	HARRISON DITIONS/CHANGES TO	/-/4 DATE	2-99 ND DIRECTO □ Change	RS IN 12	ODOTO 444 1000
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Shnature, typed or printed name of registered agent OFFICERS AND OFFIC	and title if applicable. (NOTE D DIRECTORS	13. 1.1 TTL 1.2 NAW 1.3 STR 1.4 CIT 2.2 NAW	es. Gent signature n E E E E E E E E T ST-ZIP E	A RAC equired when reins	HARRISON DITIONS/CHANGES TO	/-/4 DATE	2-99 ND DIRECTO □ Change	RS IN 12	(00/17/1001000
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Shnature, typed or printed name of registered agent OFFICERS AND OFFIC	and title of applicable. (NOTE D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITI 2.2 NAM 2.3 STR	gent signature n E E E E E E E T T T T T T	A RAC equired when reins	HARRISON DITIONS/CHANGES TO	/ - /4 DATE	ND DIRECTO Change	RS IN 12 Addition	ODOTO01 (44 150)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Shnature, typed or printed name of registered agent OFFICERS AND HARRISON, GORDON K JR. 361 E 5 ST CHULUOTA FL 32766 D HARRISON, MONICA R 361 E 5 ST	and title if applicable. (NOTE D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITI 2.2 NAM 2.3 STR	es. JONNICA gent signature re E E E E E E E E E E E E E	A RAC equired when reins	HARRISON DITIONS/CHANGES TO	/ - /4 DATE	2-99 ND DIRECTO □ Change	RS IN 12	(44,00)
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Spnature, typed or printed name of registered agent OFFICERS AND PD HARRISON, GORDON K JR. 361 E 5 ST CHULUOTA FL 32766 D HARRISON, MONICA R 361 E 5 ST CHULUOTA FL 32766	and title of applicable. (NOTE D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITI 2.2 NAM 2.3 STR 2.4 CIT 2.4 CIT 2.4 CIT 2.5 CA 2.5 CA 2.6 CIT 2.7 CA 2.7 CIT	gent signature re E E E E E E E E E E T ST-ZIP E E E E E E E E T T T T T	A RAC equired when reins	HARRISON DITIONS/CHANGES TO	/ - /4 DATE	ND DIRECTO Change	RS IN 12 Addition	(00/14/20)
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	Spnature, typed or printed name of registered agent OFFICERS AND HARRISON, GORDON K JR. 361 E 5 ST CHULUOTA FL 32766 D HARRISON, MONICA R 361 E 5 ST CHULUOTA FL 32766	and title of applicable. (NOTE D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITM 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 NA	gent signature re E E E E E E E E E E T ST-ZIP E E E E E E E E T T T T T	A RAC equired when reins	HARRISON DITIONS/CHANGES TO	/ - /4 DATE	ND DIRECTO Change	RS IN 12 Addition	(00/14/00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME TITLE NAME	Spnature, typed or printed name of registered agent OFFICERS AND PD HARRISON, GORDON K JR. 361 E 5 ST CHULUOTA FL 32766 D HARRISON, MONICA R 361 E 5 ST CHULUOTA FL 32766	and title if applicable. (NOTE D DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 3.4 CIT 3.4 CIT 3.4 CIT 3.4 CIT 3.5 CIT	gent signature re E E E E E E E E E E E E E	A RAC equired when reins	HARRISON DITIONS/CHANGES TO	/ - /4 DATE	□ Change	RS IN 12 Addition Addition	(0001707)
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Spnature, typed or printed name of registered agent OFFICERS AND HARRISON, GORDON K JR. 361 E 5 ST CHULUOTA FL 32766 D HARRISON, MONICA R 361 E 5 ST CHULUOTA FL 32766	and title of applicable. (NOTE D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITM 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITM 3.1 TITL 3.2 NAM 3.3 STR 3.4 CITM 4.1 TITL 4.1 TITM 4.1 T	gent signature re E E E E E E E E E E E E E	A RAC equired when reins	HARRISON DITIONS/CHANGES TO	/ - /4 DATE	ND DIRECTO Change	RS IN 12 Addition	(44,000)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD HARRISON, GORDON K JR. 361 E 5 ST CHULUOTA FL 32766 D HARRISON, MONICA R 361 E 5 ST CHULUOTA FL 32766	and title if applicable. (NOTE D DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 3.4 CIT 3.4 CIT 3.4 CIT 3.4 CIT 3.5 CIT	gent signature re E E E E E E E E E E E E E	A RAC equired when reins	HARRISON DITIONS/CHANGES TO	/ - /4 DATE	□ Change	RS IN 12 Addition Addition	(00) 44) ACOTOCO
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	PD HARRISON, GORDON K JR. 361 E 5 ST CHULUOTA FL 32766 D HARRISON, MONICA R 361 E 5 ST CHULUOTA FL 32766	and title if applicable. (NOTE D DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITM 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITM 3.1 TITM 3.2 NAM 3.3 STR 3.4 CITM 4.1 TITM 4.2 NAM 4.3 STR	E EET ADDRESS Y-ST-ZIP E E EET ADDRESS Y-ST-ZIP E E E EET ADDRESS Y-ST-ZIP E E E E E E E E E E E E E E E E E E E	A RAC equired when reins	HARRISON DITIONS/CHANGES TO	/ - /4 DATE	□ Change	RS IN 12 Addition Addition	COULT (44 100)
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	PD HARRISON, GORDON K JR. 361 E 5 ST CHULUOTA FL 32766 D HARRISON, MONICA R 361 E 5 ST CHULUOTA FL 32766	and title if applicable. (NOTE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITM 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITM 3.1 TITTL 3.2 NAM 3.3 STR 3.4 CITM 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITM 4.4 CI	ES. JONNICA JONNICA JONNICA E E E E E E E E E E E E E	A RAC equired when reins	HARRISON DITIONS/CHANGES TO	/ - /4 DATE	Change Change	RS IN 12 Addition Addition Addition Addition	ODOTO 4 (44 00)
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD HARRISON, GORDON K JR. 361 E 5 ST CHULUOTA FL 32766 D HARRISON, MONICA R 361 E 5 ST CHULUOTA FL 32766	and title if applicable. (NOTE D DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.1 TIT	gent signature re E E E E E E E E E E E E E	A RAC	HARRISON DITIONS/CHANGES TO	/ - /4 DATE	□ Change	RS IN 12 Addition Addition	(00) 147 100)
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAME	PD HARRISON, GORDON K JR. 361 E 5 ST CHULUOTA FL 32766 D HARRISON, MONICA R 361 E 5 ST CHULUOTA FL 32766	and title if applicable. (NOTE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITM 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITM 3.1 TITTL 3.2 NAM 3.3 STR 3.4 CITM 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITM 5.1 TITTL 5.2 NAM	ES. JONNICA J	A RAC	HARRISON DITIONS/CHANGES TO	/ - /4 DATE	Change Change	RS IN 12 Addition Addition Addition Addition	100 17 100 LOCA
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shnature, typed or printed name of registered agent OFFICERS AND OFFIC	and title if applicable. (NOTE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITM 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITM 3.3 STR 3.4 CITM 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITM 5.1 TITL 5.2 NAM 5.3 STR 5.3 STR	ES. JONNICA gent signature re E E E E E E E E E E E E E	A RAC	HARRISON DITIONS/CHANGES TO	/-/4 DATE	Change Change	RS IN 12 Addition Addition Addition Addition	(00) 177 FOOLOGO
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shnature, typed or printed name of registered agent OFFICERS AND HARRISON, GORDON K JR. 361 E 5 ST CHULUOTA FL 32766 D HARRISON, MONICA R 361 E 5 ST CHULUOTA FL 32766	ons act section 607.0505, Fro and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITM 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITM 3.3 STR 3.4 CITM 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITM 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITM 5.3 STR 5.4 CITM 5.4 CITM 5.5 STR 5.4 CITM 5.5 CITM 5	ES. JONNICA J	A RAC	HARRISON DITIONS/CHANGES TO	/-/4 DATE	□ Change □ Change □ Change	RS IN 12 Addition Addition Addition Addition	ODOTO 444 1001
AGENT. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE TITLE	Shnature, typed or printed name of registered agent OFFICERS AND HARRISON, GORDON K JR. 361 E 5 ST CHULUOTA FL 32766 D HARRISON, MONICA R 361 E 5 ST CHULUOTA FL 32766	and title if applicable. (NOTE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITM 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITM 3.3 STR 3.4 CITM 4.2 NAM 4.3 STR 4.4 CITM 4.2 NAM 4.3 STR 4.4 CITM 5.1 TITL 5.2 NAM 5.3 STR 6.1 TITL 5.4 CITM 6.1 TITL 6	es. gent signature n E E E E E E E E E E E E E	A RAC	HARRISON DITIONS/CHANGES TO	/-/4 DATE	Change Change	RS IN 12 Addition Addition Addition Addition	(00 17) 100 LOC
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shnature, typed or printed name of registered agent OFFICERS AND HARRISON, GORDON K JR. 361 E 5 ST CHULUOTA FL 32766 D HARRISON, MONICA R 361 E 5 ST CHULUOTA FL 32766	ons act section 607.0505, Fro and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE	1.1 TITL 1.2 NAM 1.3 STR 1.4 CITI 2.2 NAM 2.3 STR 2.4 CITI 3.1 TITL 3.2 NAM 3.3 STR 4.4 CITI 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITI 5.1 TITL 5.2 NAM 5.3 STR 6.1 TITL 6.2 NAM 6.2 NAM	es. gent signature n E E E E E E E E E E E E E	A RAC	HARRISON DITIONS/CHANGES TO	/-/4 DATE	□ Change □ Change □ Change	RS IN 12 Addition Addition Addition Addition	100 PF 700 LOCK

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 attactment with an address, with all other like empowered.

	:		_ * ,
SIGN	ATI		
OIGN	AIU		
	5, 73 ° T	—	,