

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000019153 (2)**

1. Corporation Name

GMCC CORPORATION



Principal Place of Business

**21 SOUTH 72ND AVENUE
PENSACOLA FL 32506**

Mailing Address

**21 SOUTH 72ND AVENUE
PENSACOLA FL 32506**

3. Date Incorporated or Qualified

03/06/1995

3a. Date of Last Report

2. Principal Place of Business

21 5300 W. JACKSON ST.

2a. Mailing Address

26 5300 W. JACKSON ST.

4. FEI Number

59-3321885

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

PENSACOLA, FLORIDA

City & State

PENSACOLA, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

32506

Country

ESCAMBIA

Zip

32506

Country

ESCAMBIA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**FIESTA, CORAZON
21 SOUTH 72ND AVENUE
PENSACOLA FL 32506**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type or print name of registered agent or director of the corporation

Signature type or print name of registered agent or director of the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	SECRETARY	☒ DELETE
NAME	CONSORCIA M. DIESTRO	
STREET ADDRESS	9034 EL MATADOR DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	ASSISTANT TREASURER	☒ DELETE
NAME	NARCISO C. DIESTRO	
STREET ADDRESS	9034 EL MATADOR DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	SECRETARY	☐ Change ☐ Addition
2. NAME	CORAZON H. FIESTA	
3. STREET ADDRESS	21 SOUTH 72ND AVENUE	
4. CITY-ST-ZIP	PENSACOLA, FLORIDA 32506	
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 attachment with an address.

SIGNATURE:

LEON P. LINDO / PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/96 (904) 458-6762
DATE AND TELEPHONE NUMBER OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)