FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000096139 (5)

GMC PROPERTY MANAGEMENT, INC.

Principal Place of Business

2650 TOWNSEND ROAD ALLEGANY NY 14706 Mailing Address

2650 TOWNSEND ROAD ALLEGANY NY 14706

FILED Apr 14 1998 8:00am Secretary of State



					DO NOT WRITE IN THIS SI	PACE		
					 Date Incorporated or Qualified 11/03/1997 			
	lace of Business	2a. Mailing Address			4. FEI Number	Appli	ied For	
21 2647 Cesery Blvd		26 2647 Casery Blvd		lvd	85-2357650	85-2357650 Not A		
Suite, Apt. #, etc.		26 2647 Cesery Blvd. Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State Jacksonville, Fl		City & State Jacksonville, F1		Fl	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip		ountry	8. This corporation owes or has paid the curre	int year Intan	gible	
24 3221		[29] 32211	30 U	J.S.A.		Yes 🔲 r	No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered A	gent		
	LER, FRANK E ESO.			81 Name				
200 WEST FORSYTH ST, SUITE 1400				82 Street A	ddress (P.O. Box Number is Not Acceptable)	·		
	CKSONVILLE FL 32202			83		·		
				84 City	FI	85 Zip Co	de	
dd Dura and i		oo - Jaos Maar Fellia New	37.27 37.27	ļl. <u></u>	FL			
office or re	io the provisions of Sections 607.05 e <mark>gister</mark> ed agent, or both, in the Stat m <mark>fam</mark> iliar with, and accept the oblig	e of Florida. Such change was	authorize	ed by the corpo	corporation submits this statement for the purpose of continuity board of directors. I hereby accept the appoint	nanging its r intment as re	egistered gislered	
SIGNATURE	Signature, typed or printed name of registered in	joint and fills of applicable (NC	HE Register	ed Agent signature re	equired when reinstalling) DATE			
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS I	N 12	
TiTLE	D	DELETE	1.1	IIILE		Change	Addition :	
NAME	SIMMS, F J		1.21	NAME	P		1:	
STREET ADDRESS	2650 TOWNSEND ROAD		1.3 5	STREET ADDRESS	Christopher C. Simms			
CITY-\$T-ZIP	ALLEGANY NY 14706		1.4 0	CITY-ST-ZIP	2647 Cesery Blvd.			
TITLE	D	DELETE	2.1	MILE	Jacksonville, F1 32211	Change	Addition	
name	SIMMS, LINDA K		2.21	NAME				
STREET ADDRESS	2650 TOWNSEND ROAD		2.3 9	STREET ADDRESS			1	
CITY-ST-ZIP	ALLEGANY NY 14706		2.4	CITY-ST-ZIP				
TITLE		☐ DELETE		TITLE.		Change [Addition	
NAME				NAME	Gregory S. Simms			
STREET ADDRESS			3.3 9	STREET ADDRESS	2647 Cesery Blvd			
CITY-ST-ZIP		05,676		CITY-ST-ZIP	Jacksonville, F1 32211	12.	1 1 100	
THE		DILLETE		IUTE	L	Change	Addition	
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP			4.4 (011Y - ST - 7/P		T 01	1.220	
TITLE		T WILLE					Addition	
NAME		DELETE	5.11	1	L	Change _ [
		DELETE	5.21	NAME	ι	in cusude f		
STREET ADDRESS		DELETE	5.2 h 53 S	NAME STREET ADDRESS	ι	i cuanĝe f		
CITY-ST-ZIP			52 h 53 S 54 C	NAME STREET ADDRESS CITY-ST-ZIP		, v	A.4.25*	
CITY-ST-ZIP TITLE		☐ DELEJE	5.2 h 53 S 54 C 61 T	NAME STHEET ADDRESS CITY-ST-ZIP		,	Addition	
CITY-ST-ZIP TITLE NAME			5.2 h 53 S 54 C 61 T 62 h	NAME STHEET ADDRESS CITY-ST-ZIP STLE NAME		, v	Addition	
CITY-ST-ZIP TITLE			521 533 540 611 621	NAME STHEET ADDRESS CITY-ST-ZIP		, v	Addilion	

4. 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 trusted 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.

Gregory S. Simms

3/24/98

(904) 744-5322