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Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90047 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000003761

1. Corporation Name
GULFSIDE MECHANICAL, INC.

Principal Place of Business: ~~1001 WEST MAIN STREET GULFSIDE FL 32501~~
 Mailing Address: ~~1001 WEST MAIN STREET GULFSIDE FL 32501~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 425 Corday St.
 Suite, Apt. #, etc.:
 City & State: 23 Pensacola, FL
 Zip: 24 32503 Country: 25 USA
 2a. Mailing Address: 26 PO Box 30529
 Suite, Apt. #, etc.:
 City & State: 28 Pensacola, FL
 Zip: 29 32503-1529 Country: 30 USA

3. Date Incorporated or Qualified: 07/01/1998
 4. FEI Number: APPLIED FOR 742885030
 Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 Trust Fund Contribution:
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BEITENMILLER, J. GORDON	
STREET ADDRESS	3 RIVERWAY, SUITE 200	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SPEER, THOMAS R	
STREET ADDRESS	1001 WEST MAIN STREET	
CITY-ST-ZIP	GULFSIDE FL 32501	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GEORGE, WILLIAM	
STREET ADDRESS	3 RIVERWAY, SUITE 200	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 attachment with an address, with all other like empowered.

SIGNATURE: *Thomas R. Speer* **REQUIRED** Thomas R. Speer President 2-16-99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 850-484-4999

CR2E034 (1/98)