FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S47032** **(5)**

1. Corporation Name
GULFCOAST HYDROSEEDING, INC.

Principal Place of Business	Mailing Address
13024 VALEWOOD DR. NAPLES FL 33999	13024 VALEWOOD DR. NAPLES FL 33999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1991	3a. Date of Last Report: 02/08/1994
4. FEI Number: 65-0256488	☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 488 C.R. 951	26 488 C.R 951
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 NAPLES FL	City & State 28 NAPLES FL
Zip 24 33964 County 25 COLLIER	Zip 29 33964 County 30 COLLIER

9. Name and Address of Current Registered Agent

WOOD, RICHARD P.
13024 VALEWOOD DR.
NAPLES FL 33999

10. Name and Address of New Registered Agent

81 Name	MICHAEL D. MARKS
82 Street Address (P.O. Box Number is Not Acceptable)	2426 ORCHID BAY DR
83	APT 103
84 City / 85 Zip Code	NAPLES FL 33942

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: MICHAEL D. MARKS — Michael D Marks PRES — DATE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	PRES - TREAS.	☑ Change ☐ Addition
NAME	WOOD, RICHARD P.	12 NAME	MICHAEL D. MARKS	
STREET ADDRESS	13024 VALEWOOD DR. RESIGNED	13 STREET ADDRESS	2426 ORCHID BAY DR #103	
CITY ST ZIP	NAPLES FL	14 CITY ST ZIP	NAPLES, FL 33942	
TITLE	DP	21 TITLE	~~V. PRES SECRETARY~~	☐ Change ☑ Addition
NAME	MARKS, MICHAEL	22 NAME	2426 ORCHID BAY DR #103	
STREET ADDRESS	2426 ORCHID BAY DR., #103	23 STREET ADDRESS	N ↓	
CITY ST ZIP	NAPLES FL	24 CITY ST ZIP		
TITLE		31 TITLE	LINDA C. MARKS	☐ Change ☑ Addition
NAME		32 NAME	V. PRES. SECRETARY	
STREET ADDRESS		33 STREET ADDRESS	2426 ORCHID BAY DR #103	
CITY ST ZIP		34 CITY ST ZIP	NAPLES FL 33942	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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.

SIGNATURE: MICHAEL D MARKS PRES, TREAS 1/12/95 566-9377

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael D Marks

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0332636 CP