

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

FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H08387 (3)  
1. Corporation Name  
GULF COAST CONSTRUCTION OF LEE COUNTY, INC.



Principal Place of Business  
11834 FAIRWAY LAKES DRIVE  
1  
FT. MYERS FL 33913  
US

Mailing Address  
11834 FAIRWAY LAKES DRIVE  
1  
FT. MYERS FL 33913-8337  
US

3. Date Incorporated or Qualified  
06/19/1984

3a. Date of Last Report  
05/16/1996

2. Principal Place of Business  
21 11220 BENT PINE DR.  
Suite, Apt. #, etc.  
22  
City & State  
23 Ft. Myers, FL  
Zip  
24 33913  
Country  
25 US

2a. Mailing Address  
26 11220 BENT PINE DR.  
Suite, Apt. #, etc.  
27  
City & State  
28 Ft. Myers, FL  
Zip  
29 33913  
Country  
30 US

4. FEI Number  
59-2460755

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

9. Name and Address of Current Registered Agent  
BLOXHAM, NORMAN R.  
11834 FAIRWAY LAKES DRIVE  
SUITE 1  
FT. MYERS FL 33913

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 11220 BENT PINE DR.  
84 City  
85 Ft. Myers FL  
86 Zip Code  
87 33913

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

12. OFFICERS AND DIRECTORS

TITLE	DVST	<input type="checkbox"/> DELETE
NAME	BLOXHAM, NORMAN R.	
STREET ADDRESS	11834 FAIRWAY LAKES DRIVE /SUITE #1	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BLOXHAM, CRAIG	
STREET ADDRESS	11834 FAIRWAY LAKES DRIVE/ SUITE #1	
CITY-ST-ZIP	FT. MYERS FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11220 BENT PINE DR.
1.4 CITY-ST-ZIP	Ft. MYERS, FL 33913
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	11220 BENT PINE DR.
2.4 CITY-ST-ZIP	Ft. MYERS, FL 33913
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 do 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.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
4-17-97 (941) 561-2400  
Date Daytime Phone #

CR2E034 (9/96)