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

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PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
99 MAR 19 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H08387

1. Corporation Name
GULF COAST CONSTRUCTION OF LEE COUNTY, INC.

Principal Place of Business
11220 BENT PINE DR.
FT. MYERS FL 33913
US

Mailing Address
11934 FAIRWAY LAKES DRIVE
FT. MYERS FL 33913
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 17091 State Road 80
Suite, Apt. #, etc.
22
City & State
23 Alva, FL 33920
Zip Country
24 25

2a. Mailing Address
26 17091 State Road 80
Suite, Apt. #, etc.
27
City & State
28 Alava, FL 33920
Zip Country
29 30

3. Date Incorporated or Qualified
06/19/1984

4. FEI Number
59-2460755
[ ] 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 owes the current year Intangible Personal Property Tax. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

BLOXHAM, CRAIG
11220 BENT PINE DR
FT. MYERS FL 33913

10. Name and Address of New Registered Agent

81 Name
BLOXHAM, NORMAN R.
82 Street Address (P.O. Box Number is Not Acceptable)
17091 State Road 80
83
84 City
Alva
FL
85 Zip Code
33920

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 x [signature] Norman R. Bloxham x 3/17/99
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	[ ] DELETE
NAME	BLOXHAM, NORMAN R.	
STREET ADDRESS	11220 BENT PINE DR.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DP	[ ] DELETE
NAME	BLOXHAM, CRAIG	
STREET ADDRESS	11220 BENT PINE DR.	
CITY-ST-ZIP	FT. MYERS FL	
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

1.1 TITLE	DPST	[X] Change [ ] Addition
1.2 NAME	BLOXHAM, NORMAN R.	
1.3 STREET ADDRESS	17091 State Road 80	
1.4 CITY-ST-ZIP	Alva, FL 33920	
2.1 TITLE	V	[X] Change [ ] Addition
2.2 NAME	BLOXHAM, CRAIG	
2.3 STREET ADDRESS	11220 Bent Pine Drive	
2.4 CITY-ST-ZIP	Fort Myers, FL 33913	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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****150.00 ****150.00

TL MAR 19 1999

CR2E034 (11/98)

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: X [signature] Norman R. Bloxham 3/17/99 941-728-2143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #