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CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 24 PM 4: 20

DOCUMENT # **P00318** (6)

1. Corporation Name

**SOUTHERN GULF-WEST CONSTRUCTION, INC.**

Principal Place of Business	Mailing Address
4227 EXCHANGE AVE NAPLES FL 33942 US	866 N MAIN P. O. BOX 100 MORTON IL 61550 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/14/1983</b>	3a. Date of Last Report <b>02/17/1994</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>37-1104244</b>	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip	24. Country	28. Zip	29. Country
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>WISEMAN, JOHN</b> <b>4227 EXCHANGE AVENUE</b> <b>NAPLES FL 33942</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	<b>FL</b> 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 \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title, if applicable) (Name, typed or printed name of registered agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTD	1. TITLE	<b>CD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAUM, WAYNE E.</b>	2. NAME	
STREET ADDRESS	<b>866 N. MAIN</b>	3. STREET ADDRESS	
CITY - ST - ZIP	<b>MORTON IL</b>	4. CITY - ST - ZIP	
TITLE	SD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SULLIVAN, GLEN D.</b>	22. NAME	
STREET ADDRESS	<b>866 N. MAIN</b>	23. STREET ADDRESS	
CITY - ST - ZIP	<b>MORTON IL</b>	24. CITY - ST - ZIP	
TITLE	D	31. TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROESCHLEY, STEPHEN R.</b>	32. NAME	
STREET ADDRESS	<b>866 N. MAIN</b>	33. STREET ADDRESS	
CITY - ST - ZIP	<b>MORTON IL</b>	34. CITY - ST - ZIP	
TITLE	D	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAUM, KENNETH D.</b>	42. NAME	
STREET ADDRESS	<b>866 N. MAIN</b>	43. STREET ADDRESS	
CITY - ST - ZIP	<b>MORTON IL</b>	44. CITY - ST - ZIP	
TITLE	D	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAUM, ROBERT L.</b>	52. NAME	
STREET ADDRESS	<b>866 N. MAIN</b>	53. STREET ADDRESS	
CITY - ST - ZIP	<b>MORTON IL</b>	54. CITY - ST - ZIP	
TITLE	V	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GURDIAN, ROBERT J.</b>	62. NAME	
STREET ADDRESS	<b>4227 EXCHANGE AVE</b>	63. STREET ADDRESS	
CITY - ST - ZIP	<b>NAPLES FL</b>	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 119.071(9)(b) Florida Statutes. I further certify that the information included 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 of this report, or on an attached schedule of officers and directors.

SIGNATURE: **John P. Wiseman**  
(Signature and typed or printed name of signing officer or director)

2-17-95  
**(813) 643-6677**

**Southern Gulf-West Construction, Inc.**  
**Additional Officers and Directors**

<b>7.1 TITLE</b>	<b>P</b>
<b>7.2 NAME</b>	<b>Wiseman, John P.</b>
<b>7.3 STREET ADDRESS</b>	<b>4227 Exchange Ave.</b>
<b>7.4 CITY, STATE, ZIP</b>	<b>Naples, Florida</b>

**The above officer was also listed on the 1994 Annual Report.**

<b>8.1 TITLE</b>	<b>V D</b>
<b>8.2 NAME</b>	<b>Baum, Melvin R.</b>
<b>8.3 STREET ADDRESS</b>	<b>866 N. Main</b>
<b>8.4 CITY, STATE, ZIP</b>	<b>Morton, Illinois</b>

**The above officer is an addition from the 1994 Annual Report.**