

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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DOCUMENT # P00318 (6)

1. Corporation Name

SOUTHERN GULF-WEST CONSTRUCTION, INC.

Principal Place of Business

4227 EXCHANGE AVE
NAPLES FL 33942
US

Mailing Address

866 N MAIN
P. O. BOX 100
MORTON IL 61550
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12/14/1983		02/24/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		37-1104244		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		24		25	
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WISEMAN, JOHN
4227 EXCHANGE AVENUE
NAPLES FL 33942

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUM, WAYNE E.	1.2 NAME	
STREET ADDRESS	866 N. MAIN	1.3 STREET ADDRESS	
CITY - ST - ZIP	MORTON IL	1.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, GLEN D.	2.2 NAME	
STREET ADDRESS	866 N. MAIN	2.3 STREET ADDRESS	
CITY - ST - ZIP	MORTON IL	2.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROESCHLEY, STEPHEN R.	3.2 NAME	
STREET ADDRESS	866 N. MAIN	3.3 STREET ADDRESS	
CITY - ST - ZIP	MORTON IL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUM, KENNETH D.	4.2 NAME	
STREET ADDRESS	866 N. MAIN	4.3 STREET ADDRESS	
CITY - ST - ZIP	MORTON IL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUM, ROBERT L.	5.2 NAME	
STREET ADDRESS	866 N. MAIN	5.3 STREET ADDRESS	
CITY - ST - ZIP	MORTON IL	5.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURDIAN, ROBERT J.	6.2 NAME	
STREET ADDRESS	4227 EXCHANGE AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	6.4 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)(k), 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: Robert J. Gurdian ROBERT J. GURDIAN 4/19/96 (94) 643-6677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PD0318

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

7.1 TITLE	PD
7.2 NAME	Wiseman, John P.
7.3 STREET ADDRESS	4227 Exchange Ave.
7.4 CITY, STATE, ZIP	Naples, Florida 33942

The above officer was also listed on the 1995 Annual Report.

8.1 TITLE	VD
8.2 NAME	Baum, Melvin R.
8.3 STREET ADDRESS	866 N. Main
8.4 CITY, STATE, ZIP	Morton, Illinois 61550

The above officer was also listed on the 1995 Annual Report.

9.1 Title	VD
9.2 Name	Wallenfang, Thomas J.
9.3 Street Address	1291 KingsWay
9.4 City, State, Zip	Naples, Fl 33942