

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

pg 1 of 2

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

3. Date incorporated or Qualified: 12/14/1983
3a. Date of Last Report: 02/24/1995
4. FEI Number: 37-1104244
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: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 27
Zip: 24
Country: 25
Zip: 29
Country: 30

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

12. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> DELETE
NAME	BAUM, WAYNE E.
STREET ADDRESS	866 N. MAIN
CITY - ST - ZIP	MORTON IL
TITLE	SD <input type="checkbox"/> DELETE
NAME	SULLIVAN, GLEN D.
STREET ADDRESS	866 N. MAIN
CITY - ST - ZIP	MORTON IL
TITLE	TD <input type="checkbox"/> DELETE
NAME	ROESCHLEY, STEPHEN R.
STREET ADDRESS	866 N. MAIN
CITY - ST - ZIP	MORTON IL
TITLE	D <input type="checkbox"/> DELETE
NAME	BAUM, KENNETH D.
STREET ADDRESS	866 N. MAIN
CITY - ST - ZIP	MORTON IL
TITLE	D <input type="checkbox"/> DELETE
NAME	BAUM, ROBERT L.
STREET ADDRESS	866 N. MAIN
CITY - ST - ZIP	MORTON IL
TITLE	V <input type="checkbox"/> DELETE
NAME	GURDIAN, ROBERT J.
STREET ADDRESS	4227 EXCHANGE AVE
CITY - ST - ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 checked="" 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 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 #

P00318

pg 2 of 2

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