

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

**FILED**  
**Mar 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>4227 EXCHANGE AVE                  NAPLES FL 33942                  US</b>	Mailing Address <b>866 N MAIN                  P. O. BOX 100                  MORTON IL 61550                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>12/14/1983</b>	
4. FEI Number <b>37-1104244</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BASS JR, RAYMOND L  
 2335 TAMiami TRAIL NORTH  
 STE #109  
 NAPLES FL 34103**

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

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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

CR2E034 (10/97)

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

7.1 TITLE	P
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 1997 Annual Report.

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

The above officer was also listed on the 1997 Annual Report.

9.1 TITLE	V
9.2 NAME	Wallenfang, Thomas
9.3 STREET ADDRESS	4227 Exchange Ave.
9.4 CITY, STATE, ZIP	Naples, Florida 33942

The above officer was also listed on the 1997 Annual Report.

10.1 TITLE	V
10.2 NAME	Baum, Robert J.
10.3 STREET ADDRESS	4227 Exchange Ave.
10.4 CITY, STATE, ZIP	Naples, Florida 33942

The above officer was also listed on the 1997 Annual Report.