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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P00318**

1. Corporation Name
SOUTHERN GULF-WEST CONSTRUCTION, INC.



DO NOT WRITE IN THIS SPACE

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

4. FEI Number
37-1104244 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

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
**BASS JR, RAYMOND L
 2335 TAMAMI 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 **FL** 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		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	VD <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 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: Robert J. Gurdian SIGNATURE REQUIRED 1-25-99 (941) 643-6677
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

241671-90109-48
P00318

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 1998 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 1998 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 1998 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 1998 Annual Report.