

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90005 017 ***550.00

DOCUMENT # P00318

1. Entity 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
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 37-1104244	Applied For <input type="checkbox"/>
Not Applicable	

Zip 34104	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---------------------	---------	-----	---------	--	--------------------------------

6. Name and Address of Current Registered Agent BASS JR, RAYMOND L 2335 TAMIAMI TRAIL NORTH STE #109 NAPLES FL 34103	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BAUM, WAYNE E. 866 N. MAIN MORTON IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SULLIVAN, GLEN D. 866 N. MAIN MORTON IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROESCHLEY, STEPHEN R. 866 N. MAIN MORTON IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUM, KENNETH D. 866 N. MAIN MORTON IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUM, ROBERT L. 866 N. MAIN MORTON IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GURDIAN, ROBERT J. 4227 EXCHANGE AVE NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIG Robert J. Gurdian** Date: **8/31/00** Daytime Phone #: **941-643-6677**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)

DOC# P00318

A0075884

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 34104

The above officer was also listed on the 1999 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 1999 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 34104

The above officer was also listed on the 1999 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 34104

The above officer was also listed on the 1999 Annual Report.