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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P11705

(1)

1. Corporation Name
GULF SOUTH ENGINEERS, INC.



Principal Place of Business
1700 GRAND CAILLOU ROAD
HOUMA LA 70363

Mailing Address
1700 GRAND CAILLOU ROAD
HOUMA LA 70363-6034

3. Date Incorporated or Qualified 10/07/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 72-0722957	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent DELL, RALPH C. 315 MADISON STREET SUITE 611 TAMPA FL 33602	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	DEFRAITES, ARTHUR A. JR.	1.2 NAME	
STREET ADDRESS	300 BUENA VISTA BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOUMA LA 70360	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	JAKOB, CARL A.	2.2 NAME	
STREET ADDRESS	200 WAYSIDE DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOUMA LA 70360	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	
NAME	DEFRAITES, JOHN M.	3.2 NAME	
STREET ADDRESS	402 JUNE DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOUMA LA 70360	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *John M. DeFaites* 4/21/97 504-876-6380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)