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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

DOCUMENT # P96000066373 (7)

GULFCOAST HYDROSEEDING, INC.

Principal Place of Business

Mailing Address

488 COUNTY ROAD 951 NAPLES FL 34119

488 COUNTY ROAD 951 NAPLES FL 34119-9500

## FILED Apr 28 1997 8:00am Secretary of State



							3. Date Incorporated or Qualified 3a. Date of Last Report 08/07/1996
2. Principal Place of Business			2a. Mailing Address				4. FEI Number
21			6				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required
City & State			City & State				Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	Country	ļ,	Zip		Country	/	8. This corporation has liability for intangible tax under s. 199,032,
24	25	29		30			Florida Statutes Yes No
	9, Name and Address of Current	Regist	tered Agent			I	10. Name and Address of New Registered Agent
	ER, GEORGIA A ESQ				81	Name	
	TAMIAMI TRAIL NORTH				82	Street A	Address (P.O. Box Number is Not Acceptable)
SUITE 400						l	
NAP	LES FL 34103				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 Statutos.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicative (NOT). Registured Agent signature required when reinstalling).							
12.	OFFICERS AND	DIREC			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		☐ DELETE	1	ATITLE	-	Li Change Li Addition j
NAME	LIPPOTT, RICHARD J			1	.2 NAME		
STREET ADDRESS	488 COUNTY ROAD 951			1	.3 STREET	I ADDRESS	
CITY-ST-ZIP	NAPLES FL 34119			1	.4 CITY - S	ST-ZIP	
TITLE	D		☐ DELETE	2	1 TITLE		Change Addition
NAME	LIPPOTT, NANCY K			2	.2 NAME	į	
STREET ADDRESS	488 COUNTY ROAD 951			2	3 STREE	1 ADDRESS	
CITY-ST-ZIP	NAPLES FL 34119	·		2	4 CHY-	S1 - ZIP	
TITLE			☐ DELFTE	3	1 111 LF		Change Addition
NAME				3	2 NAME		
STREET ADDRESS	]			3	3 STREE	T ADDRESS	
CITY-ST-ZIP				3	4 CITY-	S1 - ZIP	
TITLE			☐ DELETE	4	A TOLE		Change Addition
NAME				4	. 2 name		
STREET ADDRESS				4	.3 STREET	I ADDRESS	
CITY-ST-ZIP					.4 CITY -	ST-ZIP	
TITLE			DELETE.	9	.1 TOLE	1	Change Addition
NAME				5	.2 NAME		
STREET ADDRESS				5	.3 STREE	T ADDRESS	
CITY-ST-ZIP		<u>-</u> _			4 CITY 5	ST-ZIP	
TITLE	ŀ		☐ DELETE	€	1 TITLE		☐ Change , É ☐ Addition
NAME				€	2 NAME	ĺ	
STREET ADDRESS				6	3 STREE	T ADDRESS	
CITY-ST-ZIP				6	.4 CITY-3	ST-ZIP	
				–			

4. 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 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.