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

PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 06 1998 8:00am

Secretary of State

(10/97

E034

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name P96000066373 (7) **GULFCOAST HYDROSEEDING, INC.** Mailing Address Principal Place of Business 488 COUNTY ROAD 951 488 COUNTY ROAD 851 NAPLES FL 34119 NAPLES FL 34119 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 990506 Po 21 Not Applicable 59-3395898 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & Slale City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible USA 24 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HUNTER, WILLIAM E 10881 HELM COURT 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34109 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Begistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE HUNTER, WILLIAM E 1.2 NAME NAME 10881 HELM COURT STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 34109 CITY-ST-ZIP 1.4 CITY - \$1 - 7IP DELETE Change Addition 2.170118 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 31 TITLE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CHY-ST-7IP CITY-ST-ZIP Change DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE Addition TITLE 5.1 TO LE ☐ Change NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5 4 CHTY-ST-ZIP DELETE ☐ Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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

6.4 CITY - \$1 - ZIP

747 STUDE And the changed, or on an attachment with an address