

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90151 001 ***158.75

DOCUMENT # P98000071072

1. Corporation Name

GULF COAST DREDGE & PILING, INC.



Principal Place of Business

Mailing Address

20013 SANDCRAFT AVE.
PORT CHARLOTTE FL 33942

20013 SANDCRAFT AVE.
PORT CHARLOTTE FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1998

4. FEI Number

59-3567818

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 1080 Gayer Way

Suite, Apt. #, etc.

22

City & State

23 Marco Island FL

Zip

24 34145

Country

25 USA

2a. Mailing Address

26 P.O. Box 454

Suite, Apt. #, etc.

27

City & State

28 Marco Island FL

Zip

29 34145

Country

30 USA

9. Name and Address of Current Registered Agent

JONES, JAMES G
2124 AIRPORT ROAD SOUTH SUITE 101
NAPLES FL 33940

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--------|
| TITLE | D | DELETE |
| NAME | WILLIAMS, HEIDI | |
| STREET ADDRESS | 20013 SANDCRAFT AVE. | |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33942 | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|--------------------|-------------------------|--------|----------|
| 1.1 TITLE | P | Change | Addition |
| 1.2 NAME | Teresa Tabor | | |
| 1.3 STREET ADDRESS | 1080 Gayer Way | | |
| 1.4 CITY-ST-ZIP | Marco Island FL 34145 | | |
| 2.1 TITLE | | Change | Addition |
| 2.2 NAME | Alan Michael | | |
| 2.3 STREET ADDRESS | 20013 Sandcraft Ave | | |
| 2.4 CITY-ST-ZIP | Port Charlotte FL 33942 | | |
| 3.1 TITLE | | Change | Addition |
| 3.2 NAME | Bob Yowler | | |
| 3.3 STREET ADDRESS | 205 Meadow Lark Ct. | | |
| 3.4 CITY-ST-ZIP | Marco Island FL 34145 | | |
| 4.1 TITLE | | Change | Addition |
| 4.2 NAME | Terry Martin | | |
| 4.3 STREET ADDRESS | 3411 Poly Ave | | |
| 4.4 CITY-ST-ZIP | Naples FL 34112 | | |
| 5.1 TITLE | T & S | Change | Addition |
| 5.2 NAME | Kristin Fuller | | |
| 5.3 STREET ADDRESS | 1080 Gayer Way | | |
| 5.4 CITY-ST-ZIP | Marco Island FL 34145 | | |
| 6.1 TITLE | | Change | Addition |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TERESA TABOR 4-16-99 941-389-1696

Date

Daytime Phone #

CR2E034 (1/98)

0584054