

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 12:25

DOCUMENT # **807367** (8)

1. Corporation Name
TIDEWATER CONSTRUCTION CORPORATION

Principal Place of Business Mailing Address
809 S. MILITARY HWY VIRGINIA BEACH VA 23464 US **P. O. BOX 57 NORFOLK VA 23501**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/12/1947	03/02/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		54-0406660	Not Applicable
24 Zip		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	<input type="checkbox"/>
26		31		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
27		32		<input type="checkbox"/>	<input type="checkbox"/>
28		33		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
29		34			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 that of applicant

of 31E Registered Agent registration required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEMINGWAY, W R, JR	1.2 NAME	
STREET ADDRESS	1305 N BAY SHORE DR	1.3 STREET ADDRESS	
CITY, ST, ZIP	VIRGINIA BCH, VA 00000	1.4 CITY, ST, ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAUGHLIN, E.W.	2.2 NAME	
STREET ADDRESS	1650 STEPHENS RD.	2.3 STREET ADDRESS	
CITY, ST, ZIP	VIRGINIA BCH, VA	2.4 CITY, ST, ZIP	
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRAY, B. W. JR.	3.2 NAME	
STREET ADDRESS	3469 MARABOU LANE	3.3 STREET ADDRESS	Murden, A. T.
CITY, ST, ZIP	VIRGINIA BCH, VA	3.4 CITY, ST, ZIP	2001 Splitrail Drive Virginia Beach, Va 23452
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, R.R.	4.2 NAME	
STREET ADDRESS	4205 DOUGHERTY COURT	4.3 STREET ADDRESS	
CITY, ST, ZIP	VIRGINIA BEACH VA	4.4 CITY, ST, ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, S.R.	5.2 NAME	
STREET ADDRESS	1504 BAYBERRY COURT N.	5.3 STREET ADDRESS	
CITY, ST, ZIP	CHESAPEAKE VA	5.4 CITY, ST, ZIP	
TITLE	V	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, J.R.	6.2 NAME	
STREET ADDRESS	3813 HOLLY DUNE LANE	6.3 STREET ADDRESS	Spence, M.W.
CITY, ST, ZIP	VIRGINIA BCH, VA	6.4 CITY, ST, ZIP	3329 Upper Place Green Virginia Beach, Va. 23451

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this form 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 in the attachment with an address.

SIGNATURE:

W. R. Hemingway, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER
W. R. Hemingway, Jr Secretary/Treasurer

804-420-4140
Toll-Free Phone