

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **842527** (4)

1. Corporation Name
DUROCHER DOCK & DREDGE, INC.



Principal Place of Business: **958 N HURON ST PO BOX 8 CHEBOYGAN MI 49721**
Mailing Address: **958 N HURON ST PO BOX 8 CHEBOYGAN MI 49721**

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

3. Date Incorporated or Qualified: **02/02/1979** 3a. Date of Last Report: **01/19/1995**
4. FEI Number: **38-1913872** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**DECLAIRE, GEORGE F.
OSBORNE, HANKENS, MACLAREN & REDGRAVE
700 S FEDERAL HWY, S-200
BOCA RATON FL 33429**

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: _____ (Print Name of Registered Agent) _____ (Print Name of Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: STD	NAME: VAN ANTWERP, FRANCIS J.	11 TITLE:	SECRETARY - DIRECTOR
STREET ADDRESS: 49 PARKWAY DR	CITY, STATE, ZIP: CHEBOYGAN MI	12 NAME:	
TITLE: PD	NAME: VAN ANTWERP, FRANCIS JR.	13 STREET ADDRESS:	Pres., TREAS & DIRECTOR
STREET ADDRESS: BIRCHWOOD LANE	CITY, STATE, ZIP: CHEBOYGAN MI	14 CITY-STATE, ZIP:	
TITLE: VP	NAME: WENGER, WILLIAM	21 TITLE:	
STREET ADDRESS: MULLET LAKE RD	CITY, STATE, ZIP: CHEBOYGAN MI	22 NAME:	
TITLE: VP	NAME: NEFF, STANLEY	23 STREET ADDRESS:	
STREET ADDRESS: 5619 TWIN LAKES RD	CITY, STATE, ZIP: CHEBOYGAN MI	24 CITY-STATE, ZIP:	
TITLE: ASO	NAME: PHILLIPS, MICHAEL	31 TITLE:	
STREET ADDRESS: 901 DUCAN AVE	CITY, STATE, ZIP: CHEBOYGAN MI	32 NAME:	
TITLE: VP	NAME: NEFF, STANLEY	33 STREET ADDRESS:	
STREET ADDRESS: 5619 TWIN LAKES RD	CITY, STATE, ZIP: CHEBOYGAN MI	34 CITY-STATE, ZIP:	
TITLE: VP	NAME: NEFF, STANLEY	41 TITLE:	
STREET ADDRESS: 5619 TWIN LAKES RD	CITY, STATE, ZIP: CHEBOYGAN MI	42 NAME:	
TITLE: VP	NAME: NEFF, STANLEY	43 STREET ADDRESS:	
STREET ADDRESS: 5619 TWIN LAKES RD	CITY, STATE, ZIP: CHEBOYGAN MI	44 CITY-STATE, ZIP:	
TITLE: VP	NAME: NEFF, STANLEY	51 TITLE:	
STREET ADDRESS: 5619 TWIN LAKES RD	CITY, STATE, ZIP: CHEBOYGAN MI	52 NAME:	
TITLE: VP	NAME: NEFF, STANLEY	53 STREET ADDRESS:	
STREET ADDRESS: 5619 TWIN LAKES RD	CITY, STATE, ZIP: CHEBOYGAN MI	54 CITY-STATE, ZIP:	
TITLE: VP	NAME: NEFF, STANLEY	61 TITLE:	VICE PRESIDENT
STREET ADDRESS: 5619 TWIN LAKES RD	CITY, STATE, ZIP: CHEBOYGAN MI	62 NAME:	ROBERT RANDALL
TITLE: VP	NAME: NEFF, STANLEY	63 STREET ADDRESS:	2056 WAX MYRTLE CT.
STREET ADDRESS: 5619 TWIN LAKES RD	CITY, STATE, ZIP: CHEBOYGAN MI	64 CITY-STATE, ZIP:	ORANGE PARK, FLORIDA 32013

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)(k), 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 attached list with an address.

SIGNATURE: *Michael J. Phillips* MICHAEL PHILLIPS ASST SEC. 1-16-96 616-627-5633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)