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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

958 N HURON ST
PO BOX 8
CHEBOYGAN MI 49721

958 N HURON ST
PO BOX 8
CHEBOYGAN MI 49721-0008

3. Date Incorporated or Qualified
02/02/1979

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

Applied For

38-1913872

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

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S D	<input type="checkbox"/> DELETE
NAME	VAN ANTWERP, FRANCIS J.	
STREET ADDRESS	49 PARKWAY DR	
CITY - ST - ZIP	CHEBOYGAN MI	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	VAN ANTWERP, FRANCIS JR.	
STREET ADDRESS	BIRCHWOOD LANE	
CITY - ST - ZIP	CHEBOYGAN MI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WENGER, WILLIAM	
STREET ADDRESS	MULLET LAKE RD	
CITY - ST - ZIP	CHEBOYGAN MI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	NEFF, STANLEY	
STREET ADDRESS	5819 TWIN LAKES RD	
CITY - ST - ZIP	CHEBOYGAN MI	
TITLE	ASO	<input type="checkbox"/> DELETE
NAME	PHILLIPS, MICHAEL	
STREET ADDRESS	901 DUCAN AVE	
CITY - ST - ZIP	CHEBOYGAN MI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RANDALL, ROBERT	
STREET ADDRESS	2058 WAX MYRTLE CT	
CITY - ST - ZIP	ORANGE PARK FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 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.

SIGNATURE:

Michael Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL PHILLIPS
ASST. SEC.

1-6-97

616-
627-5633

Date

Daytime Phone #

CR2E034 (9/96)