

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

FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/02/1979	
21		26		4. FEI Number 38-1913872	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DAIELLO, THOMAS D 4800 NORTH FEDERAL HIGHWAY SUITE 307 B BOCA RATON FL 33431				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input type="checkbox"/> DELETE	1.1 TITLE	VICE PRES.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	VAN ANTWERP, FRANCIS J.		1.2 NAME	DAVID HUDSON			
STREET ADDRESS	49 PARKWAY DR		1.3 STREET ADDRESS	8391 BEEBE RD.			
CITY-ST-ZIP	CHEBOYGAN MI		1.4 CITY-ST-ZIP	CHEBOYGAN, MICH. 49721			
TITLE	PTD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	VAN ANTWERP, FRANCIS JR.		2.2 NAME				
STREET ADDRESS	BIRCHWOOD LANE		2.3 STREET ADDRESS				
CITY-ST-ZIP	CHEBOYGAN MI		2.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WENGER, WILLIAM		3.2 NAME				
STREET ADDRESS	MULLET LAKE RD		3.3 STREET ADDRESS				
CITY-ST-ZIP	CHEBOYGAN MI		3.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NEFF, STANLEY		4.2 NAME				
STREET ADDRESS	5619 TWIN LAKES RD		4.3 STREET ADDRESS				
CITY-ST-ZIP	CHEBOYGAN MI		4.4 CITY-ST-ZIP				
TITLE	ASQ	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PHILLIPS, MICHAEL		5.2 NAME				
STREET ADDRESS	901 DUCAN AVE		5.3 STREET ADDRESS				
CITY-ST-ZIP	CHEBOYGAN MI		5.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RANDALL, ROBERT		6.2 NAME				
STREET ADDRESS	2056 WAX MYRTLE CT		6.3 STREET ADDRESS				
CITY-ST-ZIP	ORANGE PARK FL		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.

SIGNATURE: *Michael Phillips* **MICHAEL PHILLIPS** ASST. SEC. 1-7-98 606-622-5633

C32E034 (10/97)