SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 N94000002474 (4) DOCUMENT # LAKESHORE DREDGING CORP. Principal Place of Business Mailing Address 1800 SECOND ST 1800 SECOND ST SUITE 755 SHITE 255 SARASOTA FL 34236 SARASOTA FL 34236 3. Date Incorporated or Qualified 3a. Date of Last Report 03/01/1995 05/13/1994 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0507136 Not Applicable 26 <u> 2 N. Tamiami Trail</u> 21 2 N. Tamiami Trail \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required #606 \$5.00 May Be 6. Election Campaign Financing City & State \Box Trust Fund Contribution Added to Fees 23 Sarasota Sarasota 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Yes No Florida Statutes 30 29 24 Sarasota 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) BROWNING, ROBERT W JR. 82 1800 SECOND ST 83 SUITE 755 SARASOTA FL 34236 85 Zip Code City 84 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes (NOTE: Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 98 80 13. OFFICERS AND DIRECTORS 12. Change Addition DELETE 1.1 TITLE TITLE **CR2E037** PETERSON, RENNO L. 1.2 NAME NAME 4402 CAMINO REAL 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE BROWNING, JR. R 2.2 NAME NAME 1800 SECOND ST STE 755 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 2.4 CITY - ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE KELLER, JAMES 3 2 NAME NAME 1439 S. LAKESHORE DR. 3.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME A 3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITL F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 City-ST-ZIP 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

NING OFFICER OR DIRECTOR

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SIGNATURE: