FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name N94000002474 (4)

LAKESHORE DREDGING CORP.

2 N. TAMIAMI ' STE. 606 SARASOTA FL US		2 N. TAMIAMI TRAIL STE. 606 SARASOTA FL 34236-5558 US)			3. Date Incorporated or Qualified 3a. 05/13/1994	Date (of Las 3/07/	st Report /1996
2. Principal Pi 21	ace of Business	2a. Mailing Address 26	.,			4. FEI Number 65-0507136			Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & State	Ð	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip 24	Country 25	Z _i p 29	Country 30	у		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 Register	ed Age	nt	
			81		Name				
BROWNING, ROBERT W JR. 1800 SECOND ST			82	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 7			83	T					
SARASC)TA FL_34236		64	十	City		., [8	35 Z	ip Code
11. Pursuant t	to the provisions of Section egistered agent, or both, in	is 617.0502 and 617.1508, Florida Statut in the State of Florida. Such change was a	es, the abov	/e-	-named co	progration submits this statement for the purpose	of ch	angin ment	g its registered as 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. SIGNATURE Stocature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstation) DATE									
				ent	t signature rec	quired when reinstating) DAT			000 44
TILE	D OFFI	ICERS AND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS A			
	-		1.1 TITLE					Chanç	ge 🔲 Addition
NAME	PETERSON, RENNO		1.2 NAME						
STREET ADDRESS	4402 CAMINO REAL	•		1.3 STREET ADDRESS					
CITY-S1-ZIP	SARASOTA FL	☐ DELETE		1.4 CITY-ST-ZIP				0	4249
TITLE		L DELETE	21 TITLE				ئا	Chang	ge L. Addition
NAME	BROWNING, JR. R 1800 SECOND ST S	TC 756	2.2 NAME						
STREET ADDRESS	SARASOTA FL	DIE 700		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
CITY - ST - ZIP	D DELETE			SI	-ZIP			<u> </u>	
l i	•		31 TITLE		ŀ			Chang	ge Addition
NAME	KELLER, JAMES	c no	3.2 NAME		Ī				
STREET ADDRESS	DADAGOTA EL			3.3 STREET ADDRESS					
CITY-ST-ZIP	SAMSUIA FL	DELETE	3.4. CITY -	ST	- ZIP	<u> </u>		05	
THLE			4.1 TITLE		ļ		L	Chang	ge Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE1						
CITY-ST-ZIP		DE: EZE	4.4 CITY - 9	ST-	- ZIP				
TITLE		☐ DELETE	5.1 TITLE				L	Chang	ge L Addition
NAME			5.2 NAME						
STREE1 ADORESS			5.3 STREET	TAI	DDRESS				
CITY-ST-ZIP			5.4 CITY - 5	ST-	ZIP		· · · ·		
TITLE		DELETE	6.1 TITLE		1			Chang	ge L Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	T AI	DDRESS				

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed at 17 are placement with an address. arrettachment with an address.

6.4 CITY-ST-ZIP

FILED

Mar 13 1997 8:00am

Secretary of State