

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

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**Mar 05 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 # 488402 (9)

1. Corporation Name
KVAERNER CONSTRUCTION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4950 W KENNEDY BLVD STE 600 TAMPA FL 33609 US	Mailing Address 4950 W KENNEDY BLVD STE 600 TAMPA FL 33609 US
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3. Date Incorporated or Qualified 10/27/1975	
4. FEI Number 59-1630749	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VTSD <input type="checkbox"/> DELETE
NAME	MOLSICK, ROBERT M
STREET ADDRESS	4950 W KENNEDY BLVD
CITY-ST-ZIP	TAMPA FL 33609
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	MACIONE, DOMENIC A.
STREET ADDRESS	4950 W KENNEDY BLVD
CITY-ST-ZIP	TAMPA FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	MAKARY, MARY K
STREET ADDRESS	4951 W KENNEDY BLVD
CITY-ST-ZIP	TAMPA FL
TITLE	STVD <input checked="" type="checkbox"/> DELETE
NAME	MOLSICK, ROBERT M
STREET ADDRESS	4950 W. KENNEDY BLVD.
CITY-ST-ZIP	TAMPA FL 33609
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	MCCANDLESS, LARRY J
STREET ADDRESS	4950 W. KENNEDY BLVD.
CITY-ST-ZIP	TAMPA FL 33609
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	BANKS, DEAN L
STREET ADDRESS	4950 W KENNEDY BLVD
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RICHARD RANTALA
2.3 STREET ADDRESS	4950 W. KENNEDY BLVD
2.4 CITY-ST-ZIP	TAMPA, FL 33609
3.1 TITLE	SIT/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JEFFREY H. ROTH
3.3 STREET ADDRESS	4950 W. Kennedy BLVD
3.4 CITY-ST-ZIP	TAMPA, FL 33609
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HERMAN C. KOLBE
4.3 STREET ADDRESS	4950 W. KENNEDY BLVD
4.4 CITY-ST-ZIP	TAMPA, FL 33609
5.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOSEPH T. HATCH
5.3 STREET ADDRESS	4950 W. KENNEDY BLVD
5.4 CITY-ST-ZIP	TAMPA FL 33609
6.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	NEIL HAMMOCK
6.3 STREET ADDRESS	4950 W. KENNEDY BLVD
6.4 CITY-ST-ZIP	TAMPA, FL 33609

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 _____ DATE _____

CR2E034 (10/97)

Kvaerner Construction, Inc.

PROFIT CORPORATION ANNUAL REPORT 1998
KVAERNER CONSTRUCTION, INC.
DOCUMENT # 488402

ADDITIONAL INFORMATION FOR ITEM #13:

TITLE: VP
NAME: RICHARD LENTZ
ADDRESS: 4950 W. KENNEDY BLVD.
TAMPA, FLORIDA 33609

TITLE: D
NAME: KEITH CLARKE
ADDRESS: 4950 W. KENNEDY BLVD.
TAMPA, FLORIDA 33609

KVÆRNER™

4950 W. Kennedy Blvd.
Suite 600
Tampa, FL 33609

Tel: 813 282 7100
Fax: 813 289 1592

CGC 012346