

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrland
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 PM 1:00

DOCUMENT # **842527** (4)

1. Corporation Name
DUROCHER DOCK & DREDGE, INC.

Principal Place of Business Mailing Address
950 N HURON ST PO BOX 8 CHEBOYGAN MI 49721

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/02/1979	3a. Date of Last Report 01/31/1994
21	26	4. FEI Number 38-1913872		Applied For Not Applicable	
22. State, Apt. #, etc.		27. State, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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			

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 registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN ANTWERP, FRANCIS J.	1.2 NAME	
STREET ADDRESS	49 PARKWAY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHEBOYGAN MI	1.4 CITY-ST-ZIP	
TITLE	PD	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	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	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	ASO	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		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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(9)(b), 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 otherwise authorized with an address.

SIGNATURE: *Michael Phillips* **Michael Phillips** 1-11-95 (616) 621-5633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Month/Year