

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
State, Apt. #, etc.					State, Apt. #, etc.				
City & State					City & State				
Zip					Zip				
Country					Country				

3. Date Incorporated or Qualified 02/02/1979	3a. Date of Last Report 01/19/1995
4. FEI Number 38-1913872	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 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

**DECLAIRE, GEORGE F.
OSBORNE, HANKENS, MACLAREN & REDGRAVE
700 S FEDERAL HWY, S-200
BOCA RATON FL 33429**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	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 _____ (Print Name of Registered Agent) _____ (Print Name of Signer)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	11 TITLE	SECRETARY - DIRECTOR
NAME	VAN ANTWERP, FRANCIS J.	12 NAME	
STREET ADDRESS	49 PARKWAY DR	13 STREET ADDRESS	
CITY, STATE, ZIP	CHEBOYGAN MI	14 CITY-STATE ZIP	
TITLE	PD	21 TITLE	PRES., TREAS & DIRECTOR
NAME	VAN ANTWERP, FRANCIS JR.	22 NAME	
STREET ADDRESS	BIRCHWOOD LANE	23 STREET ADDRESS	
CITY, STATE, ZIP	CHEBOYGAN MI	24 CITY-STATE ZIP	
TITLE	VP	31 TITLE	
NAME	WENGER, WILLIAM	32 NAME	
STREET ADDRESS	MULLET LAKE RD	33 STREET ADDRESS	
CITY, STATE, ZIP	CHEBOYGAN MI	34 CITY-STATE ZIP	
TITLE	VP	41 TITLE	
NAME	NEFF, STANLEY	42 NAME	
STREET ADDRESS	5619 TWIN LAKES RD	43 STREET ADDRESS	
CITY, STATE, ZIP	CHEBOYGAN MI	44 CITY-STATE ZIP	
TITLE	ASO	51 TITLE	VICE PRESIDENT
NAME	PHILLIPS, MICHAEL	52 NAME	ROBERT RANDALL
STREET ADDRESS	901 DUCAN AVE	53 STREET ADDRESS	2056 WAX MYRTLE CT.
CITY, STATE, ZIP	CHEBOYGAN MI	54 CITY-STATE ZIP	ORANGE PARK, FLORIDA 32013
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, STATE, ZIP		64 CITY-STATE 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached list with an address.

SIGNATURE: *Michael J. Phillips* ASST SEC. 1-16-96 616-627-5633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)