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**Jan 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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 49721-0008**

3. Date Incorporated or Qualified **02/02/1979** 3a. Date of Last Report **01/25/1996**

4. FEI Number **38-1913872** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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. Zip 25. Country 29. Zip 30. Country

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 **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **S D VAN ANTWERP, FRANCIS J.**

STREET ADDRESS **49 PARKWAY DR**

CITY-ST-ZIP **CHEBOYGAN MI**

TITLE DELETE

NAME **PTD VAN ANTWERP, FRANCIS JR.**

STREET ADDRESS **BIRCHWOOD LANE**

CITY-ST-ZIP **CHEBOYGAN MI**

TITLE DELETE

NAME **VP WENGER, WILLIAM**

STREET ADDRESS **MULLET LAKE RD**

CITY-ST-ZIP **CHEBOYGAN MI**

TITLE DELETE

NAME **VP NEFF, STANLEY**

STREET ADDRESS **5619 TWIN LAKES RD**

CITY-ST-ZIP **CHEBOYGAN MI**

TITLE DELETE

NAME **ASO PHILLIPS, MICHAEL**

STREET ADDRESS **901 DUCAN AVE**

CITY-ST-ZIP **CHEBOYGAN MI**

TITLE DELETE

NAME **VP RANDALL, ROBERT**

STREET ADDRESS **2058 WAX MYRTLE CT**

CITY-ST-ZIP **ORANGE PARK FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael Phillips* **MICHAEL PHILLIPS** ASST. SEC. 1-6-97 616-627-5633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)