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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90085 016 ***158.75

UP-23-99-016

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 842527
 1. Corporation Name
DUROCHER DOCK & DREDGE, INC.



DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified 02/02/1979	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 38-1913872	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	F.A.D.

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

DAIELLO, THOMAS D
4800 NORTH FEDERAL HIGHWAY
SUITE 307 B
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S D	<input type="checkbox"/> DELETE
NAME	VAN ANTWERP, FRANCIS J.	
STREET ADDRESS	49 PARKWAY DR	
CITY-ST-ZIP	CHEBOYGAN MI	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	VAN ANTWERP, FRANCIS JR.	
STREET ADDRESS	BIRCHWOOD LANE	
CITY-ST-ZIP	CHEBOYGAN MI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WENGER, WILLIAM	
STREET ADDRESS	MULLET LAKE RD	
CITY-ST-ZIP	CHEBOYGAN MI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	NEFF, STANLEY	
STREET ADDRESS	5619 TWIN LAKES RD	
CITY-ST-ZIP	CHEBOYGAN MI	
TITLE	ASQ	<input type="checkbox"/> DELETE
NAME	PHILLIPS, MICHAEL	
STREET ADDRESS	901 DUCAN AVE	
CITY-ST-ZIP	CHEBOYGAN MI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RANDALL, ROBERT	
STREET ADDRESS	2056 WAX MYRTLE CT	
CITY-ST-ZIP	ORANGE PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVID HUDSON	
1.3 STREET ADDRESS	8391 BEBE RD.	
1.4 CITY-ST-ZIP	CHEBOYGAN, MI 49721	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *Michael Phillips* **MICHAEL PHILLIPS** **ASST. SEC.** **616-627-5633**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)