

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90048 031 ***158.75

DOCUMENT # 842527

1. Entity Name

DUROCHER DOCK & DREDGE, INC.

00004370



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

958 N HURON ST
 PO BOX 8
 CHEBOYGAN MI 49721

958 N HURON ST
 PO BOX 8
 CHEBOYGAN MI 49721-0008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-1913872

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

F & L CORP.
200 NORTH LAURA STREET
THIRD FLOOR
JACKSONVILLE FL 32202

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Phillips **MICHAEL PHILLIPS**

1-10-00

231-
627-5633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)