FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

DREDGECO MINE SERVICES, INC.

FILED Apr 15 1998 8:00am Secretary of State

- I BREAFAN ANTA BAKA TREM ARKAL ARKAL ARKAL BAKA DAK DARKE DAN ARKAL BARK BANK DARK KANA

Principal Place	of Business	Mailing Address						11 #1#11 #1#1C 1##1		
POST OFFICE BOX 125 LAKE CITY FL 32056-7125 US		POST OFFICE BOX 125 LAKE CITY FL 32056-7125 US			:	DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified 04/15/1981				
2. Principal Place of Business		2a, Mailing Add	2a, Mailing Address			4. FEI Number		Applied For		
21		26				59-2088504		Not Applicable		
Suite, Apt. #	, etc.	Suite, Apt. (#, etc.			5. Certificate of Status Desired		75 Additional se Required		
City & State		City & State)			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees		
Zip 24	Country 25	Zip 29	30	intry	,	This corporation owes or has paid the cu Personal Property Tax due June 30.	rrent ye Yes	ar Intangible		
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent			
	BERTS, SR JESSE L			81	Name					
RT 5, BOX 1088 LAKE CITY FL 32055				82	Street Addres	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	Signature, typed or printed name of registered agent and til	tie if applicable (N	OTE: Registered Agent signature regula	red when reinstating) DATE		—	
12.	OFFICERS AND DIRE	CTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	ICERS AND DIRECTORS IN 12		
TITLE	ST	DELETE	1.1 TOLE	☐ Cr	nange 🔲 Add	lition	
NAME	Roberts, Susie		1.2 NAME				
STREET ADDRESS	POST OFFICE BOX 125		1.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE CITY, FL 00000		1.4 CITY-ST-ZIP				
TITLE	DP	DELETE	2.1 TITLE	☐ CF	nange 🔲 Add	lition	
NAME	Roberts, Jesse L Sr		2.2 NAME				
STREET ADDRESS	POST OFFICE BOX 125		2.3 STREET ADDRESS				
CITY - S1 - ZIP	LAKE CITY FL		2. 4 CITY - ST - ZIP				
TITLE		DELETE	3.1 TITLE	Cr	nange 🔲 Add	ition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 SYREET ADDRESS				
CITY-ST-ZIP			3.4. CITY - ST - ZIP				
TITLE		DELETE	4.1 TITLE	□ Cr	nange 🗌 Add	lition	
NAMÉ			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	□ Cr	ange Add	lition	
NAME			5.2 NAME		•		
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY+ST-ZIP				
TITLE		☐ DELETË	6.1 TITLE	□ cı	ange 🔲 Add	lition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
City-St-7iP			64 CITY-ST-7IP				

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.