ANNUAL REPORT
1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

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APPROVED AND FILED

95 MAY -1 PM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

1. Corporation Name
DUTRA CONSTRUCTION CO., INC.

Principal Place of Business
750 RIVER ROAD
RIO VISTA CA 94571

Mailing Address
750 RIVER ROAD
RIO VISTA CA 94571

3. Date Incorporated or Qualified: 12/01/1993
3a. Date of Last Report: 03/10/1994

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

4. FEI Number: NEW x ~~94-2278929~~ 68-0335328 — 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

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☐ Change ☐ Addition
NAME	DUTRA, BILL T	1.2 NAME	
STREET ADDRESS	1000 PT. SAN PEDRO ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN RAFAEL CA 94901	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, ROBERT D	2.2 NAME	
STREET ADDRESS	1000 PT. SAN PEDRO ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN RAFAEL CA 94901	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	DST ☒ Change ☐ Addition
NAME	WERNER, DAVID E	3.2 NAME	NORMAN HALLEEN
STREET ADDRESS	1000 PT. SAN PEDRO ROAD	3.3 STREET ADDRESS	1000 PT.SAN PEDRO RD
CITY-ST-ZIP	SAN RAFAEL CA 94901	3.4 CITY-ST-ZIP	SAN RAFAEL CA 94901
TITLE	V	4.1 TITLE	V ☒ Change ☐ Addition
NAME	SUTHERLAND, WAYNE	4.2 NAME	HARRY STEWART
STREET ADDRESS	1000 PT. SAN PEDRO ROAD	4.3 STREET ADDRESS	1000 PT. SAN PEDRO ROAD
CITY-ST-ZIP	SAN RAFAEL CA 94901	4.4 CITY-ST-ZIP	SAN RAFAEL CA 94901
TITLE		5.1 TITLE	V ☐ Change ☒ Addition
NAME		5.2 NAME	KLAUS BROWN
STREET ADDRESS		5.3 STREET ADDRESS	1000 PT. SAN PEDRO ROAD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	SAN RAFAEL, CA 94901
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 attachment with an address.

SIGNATURE: Clark Johnson — 4-25-95 — 707-374-6339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481978 FP