

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005446 (0)
1. Corporation Name

DUTRA CONSTRUCTION CO., INC.

Principal Place of Business
1000 PT. SAN PEDRO ROAD
SAN RAFAEL CA 94901

Mailing Address
1000 PT. SAN PEDRO ROAD
SAN RAFAEL CA 94901

FILED
Aug 19 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1993

4. FEI Number

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input type="checkbox"/> DELETE
NAME	DUTRA, BILL T	
STREET ADDRESS	1000 PT. SAN PEDRO ROAD	
CITY-ST-ZIP	SAN RAFAEL CA 94901	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSTON, ROBERT D	
STREET ADDRESS	1000 PT. SAN PEDRO ROAD	
CITY-ST-ZIP	SAN RAFAEL CA 94901	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	HALLEEN, NORMAN	
STREET ADDRESS	1000 PT. SAN PEDRO ROAD	
CITY-ST-ZIP	SAN RAFAEL CA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	STEWART, HARRY	
STREET ADDRESS	1000 PT. SAN PEDRO ROAD	
CITY-ST-ZIP	SAN RAFAEL CA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SUTHERLAND, WAYNE	
STREET ADDRESS	1000 PT. SAN PEDRO ROAD	
CITY-ST-ZIP	SAN RAFAEL CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HACKWORTH, WILSON B.	
1.3 STREET ADDRESS	1000 PT. SAN PEDRO ROAD	
1.4 CITY-ST-ZIP	SAN RAFAEL, CA 94901-8312	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KELLOGG, JOSEPH C.	
2.3 STREET ADDRESS	1000 PT. SAN PEDRO ROAD	
2.4 CITY-ST-ZIP	SAN RAFAEL, CA 94901-8312	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MORRIS, LT.GEN. (Ret) JOHN W.	
3.3 STREET ADDRESS	1000 PT. SAN PEDRO ROAD	
3.4 CITY-ST-ZIP	SAN RAFAEL, CA 94901-8312	
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STEWART, HARRY K.	
4.3 STREET ADDRESS	1000 PT. SAN PEDRO ROAD	
4.4 CITY-ST-ZIP	SAN RAFAEL, CA 94901-8312	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GILFILLAN, G.W. (B111)	
5.3 STREET ADDRESS	1000 PT. SAN PEDRO ROAD	
5.4 CITY-ST-ZIP	SAN RAFAEL, CA 94901-8312	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PALMER, WILLIAM J.	
6.3 STREET ADDRESS	1000 PT. SAN PEDRO ROAD	
6.4 CITY-ST-ZIP	SAN RAFAEL, CA 94901-8312	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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: Wilson B. Hackworth 8/10/98 4415)258-6876

CR2E034 (5/98)