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Feb 15, 1999 8:00am
Secretary of State

02-15-1999 90040 023 ****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005446

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

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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 ☐ DELETE
NAME DUTRA, BILL T
STREET ADDRESS 1000 PT. SAN PEDRO ROAD
CITY-ST-ZIP SAN RAFAEL CA 94901

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TS ☐ DELETE
NAME HACKWORTH, WILSON B
STREET ADDRESS 1000 PT SAN PEDRO RD
CITY-ST-ZIP SAN RAFAEL CA 94901

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME KELLOGG, JOSEPH C
STREET ADDRESS 1000 PT. SAN PEDRO ROAD
CITY-ST-ZIP SAN RAFAEL CA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME MORRIS, LT JOHN W
STREET ADDRESS 1000 PT. SAN PEDRO ROAD
CITY-ST-ZIP SAN RAFAEL CA

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE P ☐ DELETE
NAME STEWART, HARRY K
STREET ADDRESS 1000 PT. SAN PEDRO ROAD
CITY-ST-ZIP SAN RAFAEL CA

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME GILFILLAN, G W
STREET ADDRESS 1000 PT SAN PEDRO RD
CITY-ST-ZIP SAN RAFAEL CA 94091

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

W. J. Gilfillan, G. W. Hackworth

1/20/99

(415)258-6876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)