

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

FILED

Apr 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000003793 (6)**

1. Corporation Name  
**WRIGHT DREDGING CO., INC.**

Principal Place of Business  
**P.O. BOX 18072  
CHESAPEAKE VA 23328-8072**

Mailing Address  
**P.O. BOX 18072  
CHESAPEAKE VA 23328-8072**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/20/1994</b>	3a. Date of Last Report <b>02/08/1996</b>
21		26		4. FEI Number <b>54-1654810</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, STE 105 TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent	
81. Name					
82. Street Address (P.O. Box Number is Not Acceptable)					
83.					
84. City				85. Zip Code	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCDT	<input type="checkbox"/> DELETE		11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WRIGHT, THOMAS J			12. NAME			
STREET ADDRESS	12529 SHILOH DRIVE			13. STREET ADDRESS			
CITY-ST-ZIP	WINDSOR VA			14. CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRAUPMANN, THOMAS L			2.2. NAME			
STREET ADDRESS	149 W. BAYVIEW BLVD.			2.3. STREET ADDRESS			
CITY-ST-ZIP	NORFOLK VA			2.4. CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WRIGHT, PEGGY P			3.2. NAME			
STREET ADDRESS	12529 SHILOH DRIVE			3.3. STREET ADDRESS			
CITY-ST-ZIP	WINDSOR VA			3.4. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2. NAME			
STREET ADDRESS				4.3. STREET ADDRESS			
CITY-ST-ZIP				4.4. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2. NAME			
STREET ADDRESS				5.3. STREET ADDRESS			
CITY-ST-ZIP				5.4. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 in an attachment with an address.

SIGNATURE:  SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 May 97 757 482 5475  
Daytime Phone #

0498952

CR2E034 (9/96)