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

Principal Place of Business

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

NAME

TITLE

NAME

SUTHERLAND, W WAYNE

SAN RAFAEL CA 94901

1000 POINT SAN PEDRO RD



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F96000002100 (3)

Mailing Address

**DUTRA DREDGING COMPANY** 

|                              | 20 POINT SAN PEDRO RD 1000 POINT SAN PEDRO RD N RAFAEL CA 94901 SAN RAFAEL CA 94901  |                               | RD           |        |            | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  |          |
|------------------------------|--|-------------------------------|--------------|--------|------------|--|----------|
|                              |  |                               |              |        |            | 04/26/1996   |          |
| 2. Principal P               | lace of Business   | 2a. Mailing Address           |              |        |            | 4. FEI Number Applied F  | For      |
| 26                           |  |                               |              |        |            | 68-0343998 Not Applica   | icable   |
| Suite, Apt. #, etc. Suite, A |  | Suite, Apt. #, etc.           | Apt. #, etc. |        |            | 5 Cartificate of Status Desired \$8.75 Additio   |          |
| 22                           |  | 27                            |              |        |            | Fee Required   |          |
| City & Stal                  | te   | City & State                  |              |        |            | 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May B Added to Fee                          |          |
| 23]<br>Zip                   | Country  | Zip                           | Cou          | ntnz   |            |  |          |
| 24 25                        |  | 29                            | γ ' ' '      |        |            | 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              | 1            | T      |            | 10. Name and Address of New Registered Agent   |          |
| CT                           | CORPORATION SYSTEM   |                               |              | 81     | Name       |  |          |
|                              | SOUTH PINE ISLAND ROAD   |                               |              | 82     | Otroot Ad  | Idress (P.O. Box Number is Not Acceptable)   |          |
|                              | NTATION FL 33324   |                               |              | 62     | Stieet Att | oress (P.O. Box Number is Not Acceptable)  |          |
| ,                            |  |                               |              | 83     |            |  |          |
|                              |  |                               |              |        | 811        | Test at 0  |          |
|                              |  |                               |              | 84     | City       | FL 85 Zip Code   |          |
| agent. I                     | registered agent, or both, in the State is am familiar with, and accept the obligation of the state is a state of the stat | tions of, section 607.0505, F | lorida Stat  | utes   |            | ation's board of directors. I hereby accept the appointment as registere                                   |          |
| 12.                          | OFFICERS ANI   |                               | 13.          |        |            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN   | 1 12     |
| TITLE                        | DC   | DELETE                        | 1.1 TI       | LE     |            | P Change XX A  | dditio   |
| NAME                         | Dutra, Bill t  |                               | 1.2 N/       | ME     |            | JACKSON, RICHARD T.  |          |
| STREET ADDRESS               | 1000 POINT SAN PEDRO RD  |                               | 1.3 ST       | REETA  | ADDRESS    | 1000 PT. SAN PEDRO ROAD  |          |
| CITY-ST-ZIP                  | SAN RAFAEL CA 94901  |                               | 1.4 CI       | TY-ST- | .ZIP       | SAN RAFAEL, CA 94901-8312  |          |
| TITLE                        | DST  | XX DELETE                     | 2.1 Tr       | LE     |            | T/S Change XX A  | dditio   |
| NAME                         | MAURER, DENISE C   |                               | 2.2 N        | ME     |            | HACKWORTH, WILSON B.   |          |
| STREET ADDRESS               | 1000 POINT SAN PEDRO RD  |                               | 2.3 ST       | REET   | ADDRESS    | 1000 PT. SAN PEDRO ROAD  |          |
| CITY-ST-ZIP                  | SAN RAFAEL CA 94901  |                               | 2.4 CI       | ry-ST- | ZIP        | SAN RAFAEL, CA 94901-8312  |          |
| TITLE                        | D  | XX DELETE                     | 3.1 TC       | ιE     |            | D Change XIX A   | ıdditior |
| NAME                         | HALLEEN, NORMAN  |                               | 3.2 NA       | ME     |            | KELLOGG, JOSEPH C.   |          |
| STREET ADDRESS               | 1000 POINT SAN PEDRO RD  |                               | 3.3 ST       | REET   | ADDRESS    | 1000 PT. SAN PEDRO ROMD  |          |
| CITY-ST-ZIP                  | SAN RAFAEL CA 94901  |                               | 3.4 Cf       |        | ZIP        | SAN RAFAEL, CA 94901-8312  |          |
| TITLE                        | P CONTROL DOCUMENT   | XX DELETE                     | 4.1 Ti       | LE     |            | D Change XX A  | ddition  |
| NAME                         | JOHNSTON, ROBERT D   | - <b></b> -                   | 4.2 NA       | ME     |            | MORRIS, LT.GEN. (Ret) JOHN W.  |          |
| STREET ADDRESS               | 1000 POINT SAN PEDRO RD  |                               | 4.3 ST       | REET   | ADDRESS    | 1000 PT. SAN PEDRO ROAD  |          |
| CITY-ST-ZIP                  | SAN RAFAEL CA 94901  |                               | 4.4 CI       | TY-ST- | ZIP        | SAN RAFAEL, CA 94901-8312  |          |

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ennual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; 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.

4.4 CITY-ST-ZIP 5.1 TITLE

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.2 NAME

6.1 TITLE

6.2 NAME

GILFILLAN, G.W. (B111) 1000 PT. SAN PEDRO ROAD

1000 PT. SAN PEDRO ROAD

SAN RAFAEL, CA

PALMER, WILLIAM J.

LELCANGE CHIMISON B. Hackworth

XX DELETE

DELETE

(415) 258-6876

94901-8312

Change XX Addition

Change XXAddition

**FILED** 

Aug 19 1998 8:00am

Secretary of State