


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

FILED
Feb 11, 1999 8:00 am
Secretary of State

02-11-1999 90069 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000002100					
1. Corporation Name DUTRA DREDGING COMPANY					
Principal Place of Business 1000 POINT SAN PEDRO RD SAN RAFAEL CA 94901			Mailing Address 1000 POINT SAN PEDRO RD SAN RAFAEL CA 94901		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/26/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 68-0343998	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible, Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T 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
				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUTRA, BILL T		1.2 NAME		
STREET ADDRESS	1000 POINT SAN PEDRO RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SAN RAFAEL CA 94901		1.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACKSON, RICHARD T		2.2 NAME		
STREET ADDRESS	1000 PT SAN PEDRO RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	SAN RAFAEL CA 94901		2.4 CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HACKWORTH, WILSON B		3.2 NAME		
STREET ADDRESS	1000 POINT SAN PEDRO RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAN RAFAEL CA 94901		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLOGG, JOSEPH C		4.2 NAME		
STREET ADDRESS	1000 POINT SAN PEDRO RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	SAN RAFAEL CA 94901		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRIS, LT JOHN W		5.2 NAME		
STREET ADDRESS	1000 POINT SAN PEDRO RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	SAN RAFAEL CA 94901		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILFILLAN, G W		6.2 NAME		
STREET ADDRESS	1000 PT SAN PEDRO RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	SAN RAFAEL CA 94901		6.4 CITY-ST-ZIP		

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: Wilson B. Hackworth Wilson B. Hackworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99 (415) 258-6876

Date Daytime Phone #

CR2E034 (1/98)