

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 26 1996 8:00 am
Secretary of State

DOCUMENT # **G66866** (6)

1. Corporation Name
C & L DREDGING CO.

Principal Place of Business

**1001 N FED HWY #206, HALLANDALE FL 33009
P.O. BOX 292708
DAVIE FL 33329-2708**

Mailing Address

**1001 N FED HWY #206, HALLANDALE FL 33009
P.O. BOX 292708
DAVIE FL 33329-2708**



3. Date Incorporated or Qualified
10/28/1983

3a. Date of Last Report
04/11/1995

2. Principal Place of Business
21 **3921 SW 47th Ave**
Suite, Apt. #, etc.
22 **1003**

2a. Mailing Address
26
Suite, Apt. #, etc.
27

City & State
23 **Davie, FL**

City & State
28

Zip
24 **33314**

Country
25

Zip
29

Country
30

4. FEI Number
59-2363911

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MINER, JEFFREY R.
1001 N FED HWY #206
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDT
CROUCH, S. LEE
1001 N FEDERAL HWY 206
HALLANDALE FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
OPENCHOWSKI, FRANK
AA 20548
CARTAGENA, COLB S.A.** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LAYNE, DOROTHY
555 PALM DRIVE
HALLANDALE FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASV
LUNDGREN, RICHARD N.
6205 S.W. 108TH ST.
MIAMI FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Richard N. Lundgren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 21, 1996

954-791-2433

Date

Daytime Phone #

CR2E034 (12/95)