05-04-1999 90115 040 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

| Suite. Apt. #, etc. Suite. #, etc. Suite. Apt. #, etc. Suite. #, etc. | Corporation | MENT # L33222 DITTOM DREDGING INC. | | | | | | | |
|--|---------------------------------|---|---------------------------------|------------------|-------|---------------------|--|------------------------------------|--|
| SAZ AW SETH WAY PARKLAND R. 30967 DO NOT WRITE IN THIS SPACE | Bringinal Place | of Rusiness | Mailing Address | | | | E 1001 0 100 E1100 E110 E100 E100 | | |
| 11/27/1989 | 6342 NW 66TH | WAY , | 6342 NW 66TH WAY | 6342 NW 66TH WAY | | | DO NOT WRITE IN THIS SPACE | | |
| Suite, Apt. #, etc. | | | | | | | 11/27/1989 | | |
| Suite. Apt. #, etc. Suite. #, et | 2. Principal Pl | ace of Business | | | | | 1 " | | |
| City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State Country Zip Country Zip Country State State City City State City City State City City State City C | | #, etc. — | — · | | | | 5. Certificate of Status Desired | | |
| Zip | City & State | • | — ` | | | | | | |
| 9. Name and Address of Current Registered Agent FINA, STANLEY 6342 NW 66TH WAY PARKLAND FL 33067 84 | Zip | | Zip | | ntry | | | □No | |
| FINA, STANLEY 6342 NW 66TH WAY PARKLAND FL 33067 84 City 85 City 86 City 86 City 87 City 88 Date of Parkland 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, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and agent in a familiar with, and accept the objection of Oxfoots, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent, and agent in a familiar with a familiar with a familiar with a familiar required when rentation) 8 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 11 12 NAME 12. NAME FINA, STANLEY 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ACTIVITIE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ACTIVITIE S CALLEY 11 THE Change Addition 14. ACTIVITIE Change Addition 15. ANDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 22. STREET ADDRESS 23. STREET ADDRESS 24. CITY. ST. ZIP 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 24. ACTIVITIE Change Addition 25. ANDIE 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 25. ACTIVITIE Change Addition 25. ACTIVITIE Change Addition 26. ACTIVITIE Change Addition 26. ACTIVITIE Change Addition 27. ANDIE 28. ACTIVITIE Change Addition 28. ACTIVITIE Change Addition 28. ACTIVITIE Change Addition 29. ACTIVITIE Change Addition 29. ACTIVITIE Change Addition 29. ACTIVITIE Change Addition 29. ACTIVI | 241 | | | 1001 | 1 | | 10. Name and Address of New Registered Agent | | |
| 6342 NW 66TH WAY PARKLAND FL 33067 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 agent, or both, in the State of Florida, Such change was attentionized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607.0503, Florida Statutes. SIGNATURE 12 | | g, Italia and Address of Care | | | 81 | Name | | | |
| PARKLAND FL 33067 83 | | | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptable) | | |
| 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typead or printed name of registered agent and title if applicable. (NOTE: Registered Agent agent agent agent agent agent and printed name of registered agent and title if applicable. (NOTE: Registered Agent a | | | | | 83 | | | | |
| office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's loared of directors. Thereby accept the appointment as registered agent agent and tube if explicable. Note: Registered Agent aignature required when rematating) DAYE | | | • | | 1 | ' ' | FL; | _ | |
| Signature, Vyand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rentation) DATE | office or re | agistored agent or both in the State | of Florida, Such change was | autnorized | I DV | the corporat | poration submits this statement for the purpose of changir tion's board of directors. I hereby accept the appointment | ig its registered as registered | |
| 12. | SIGNATURE | Signature broad or printed name of registered 800 | ent and title if applicable (NO | TE: Registered | Ager | nt signature requir | red when reinstating) DATE | 1 | |
| TITLE | 42 | | | | 7.034 | it orginate | | CTORS IN 12 | |
| NAME FINA, STANLEY 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP | | | | | TLE | $ \top$ | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | 12N/ | AMF | | | ļ | |
| CITY-ST-ZIP | ì | • | | | | TADDRESS | | | |
| TITLE S | . } | | • | | | | | ļ | |
| NAME | | | □ DELETE | | | 1-217 | Cha | ange Addition | |
| STREET ADDRESS 6342 NW 66TH WAY 23 STREET ADDRESS | ļ ļ | · | | • | | - | | , | |
| CITY-ST-ZIP | | | | | | TADDRESS | | ļ | |
| TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME | 1 1 | | | | | | | | |
| NAME | | PARILLAND IL | □ DELETE | _ | |)1-2ir | Cha | ange | |
| STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | (| | | 1 | | | • | | |
| 3.4. CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition NAME | | . • | | 1 | | TADDDESS | | | |
| DELETE | | | | | | 1 | | | |
| NAME | <u> </u> | | □ nel ete | | | 01-2P | □ Cha | ange Addition | |
| STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE NAME 5.2 NAME 5.2 CITY-ST-ZIP 5.2 CITY-ST-ZIP | | • | - OFFEIF | | | | | | |
| A CITY-ST-ZIP | 1 | • | | | | | | | |
| TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME | | | | | | 1 | | | |
| NAME 5.2 NAME | | | ∏ nci erc | _ | | 1-419 | . □Ch: | ange Addition | |
| PANIE | \ | : | | | | | | <u>.</u> | |
| | NAME STREET ADDRESS | • | | | | T ADDRESS | | | |

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.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURES

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

954-44/-0420

☐ Change

Addition