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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000020673 (8)

DREDGE & MARINE CONSTRUCTION CO.

FILED Feb 04 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 4631 SE POMPANO TER P. O. BOX 399 PORT SALERNO FL 34992 US		992	DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified 03/15/1993	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0389186	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip 29	Country 30	 This corporation owes or has paid the Personal Property Tax due June 30. 	current year Intangible X Yes No
9. Name and Address of Cu			10. Name and Address of New Register	
KREMSER, DAVID M		81 Name		
4631 SE POMPANO TER		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
PORT SALERNO FL 34992		63		
		84 City	F	85 Zip Code
 Pursuant to the provisions of Sections 607. office or registered agent, or both, in the Sagent. I am familiar with, and accept the ol 	tate of Florida. Such change was	authorized by the corpora		e of changing its registered
SIGNATURE				
Signature, typed or printed name of registero		OTF Registered Agent signature req		
TILE PD	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12 Change Addition
NAME KREMSER, DAVID M	☐ 0ctt+t	1.2 NAME		C Gliarige C Accition
STREET ADDRESS 4631 SE POMPANO TERR	ACE	1.3 STREET ADDRESS		
CITY-ST-ZIP PORT SALERNO FL		1.4 CITY-ST-ZIP		
TITLE	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
C(TY-ST-ZIP		2. 4 CHTY-ST-ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - ST - ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	4.4 City-St-ZiP		Change Addition
TITLE		51 THILE		Change Addition
NAME PROCEST ADDRESS		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	5.4 C(TY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME	_ otterit	6.2 NAME		— outside — Workou
STREET ADDRESS		6.3 STREET ADDRESS		ĺ
CITY-ST-ZIP	d with this filling does not qualify	64 CiTY-ST-ZIP	r Section 110 07(2)(i) Florida Statutos I further	s portify that the information

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 eath, 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.

DAVID M KREMSI

1/20/9-