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

DOCUMENT # **P94000011375 (0)**

1. Corporation Name

INTERNATIONAL DREDGING SERVICES, INC.

Principal Place of Business	Mailing Address
6479 FLORIDA ST. **SUITE D** **PUNTA GORDA FL 33950**	**6479 FLORIDA ST.** **SUITE D** **PUNTA GORDA FL 33950**

3. Date Incorporated or Qualified: **02/11/1994**

3a. Date of Last Report: **12/11/1995**

2. Principal Place of Business
21 P.O. BOX 512158
22 Suite, Apt. #, etc.
23 City & State: PUNTA GORDA - FL
24 Zip: 33951
25 Country: CHARLOTTE

2a. Mailing Address
26 P. O. BOX 512158
27 Suite, Apt. #, etc.
28 City & State: PUNTA GORDA - FL
29 Zip: 33951
30 Country: CHARLOTTE

4. FEI Number: **65-0465185** ☐ 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

GRAVIS, ANA MARIA
6479 FLORIDA ST.
SUITE D
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name: GRAVIS ANA MARIA
82 Street Address (P.O. Box Number is Not Acceptable): 1922 TEABERRY CT.
83
84 City: ORLANDO — FL 85 Zip Code: 32824

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: AnaMariaGravis — ANA MARIA GRAVIS - PRESIDENT — DATE: 4/29/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	PRESIDENT/V/T/S/D	☑ Change ☐ Addition ADDRESS
NAME	GRAVIS, ANA M		1.2 NAME	GRAVIS, ANA MARIA	
STREET ADDRESS	6479 FLORIDA ST.		1.3 STREET ADDRESS	1922 TEABERRY CT.	
CITY-ST-ZIP	PUNTA GORDA FL 33950		1.4 CITY-ST-ZIP	ORLANDO - FL 32824	
TITLE	VICE PRESIDENT	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DENNY C. GRAVIS		2.2 NAME		
STREET ADDRESS	6479-D FLORIDA ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA - FL 33950		2.4 CITY-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			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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.

SIGNATURE: AnaMariaGravis — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/29/96 — Daytime Phone Number: (941) 575-6622