FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED AND FILED

95 MAY -1 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000010615 (2)

1. Corporate Name
BURKE MARINE CONSTRUCTION, INC.

Principal Office Address
142 COUNTY RD 619
LAKE PLACID FL 33852-0691
US

Mailing Address
P. O BOX 691
LAKE PLACID FL 33852
US

(Corporate Seal)

3. Date of Incorporation: 12/08/1992
3a. Date of Last Report: 07/01/1994

4. FEI Number: 65-0382398 — Applied For / Not Applicable

5. Certificate of Status Desired: [ ] — $8.75 Additional Fee Required

6. File two Campaign Finance Trust Fund Contribution: [ ] — $5.00 May Be Added to Fees

8. The corporation has elected to be governed by Section 607.0832 F.S.: [X] Yes [ ] No

21 Sub Address
22 Sub Address
23 Sub Address
24 City
25 State
26 Mailing Address
27 Mailing Address
28 City
29 State: 33862
30 Country

9. Name and Address of Current Registered Agent

BURKE, FRANCIS W
142 COUNTY ROAD 619
LAKE PLACID FL 33852

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. The undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. It is the duty of any registered agent to comply with the requirements of Florida Statutes, and to keep the registered office open for business during the hours specified in Section 607.0505 F.S.

SIGNATURE

12. OFFICERS AND DIRECTORS

D
BURKE, FRANCIS W
P.O. BOX 691 (N/A)
LAKE PLACID FL 33852

13. ADDITIONS, CHANGES, OR DELETIONS (Add, Change, Delete)

[X] Change [ ] Add
D
Burke, Francis W.
P.O. Box 691 (N/A)
Lake Placid, Florida 33862

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Florida Statutes; and that my name appears above, or on an attachment with all other like empowered officers and directors, or my name appears above in the capacity shown for the officer or director named herein.

SIGNATURE: Francis W. Burke — Francis W. Burke — 5/1/95 — (813) 465-0371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0440704 FP