

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **854345** (6)

1. Corporation Name  
**PARSONS CONSTRUCTION SERVICES, INC.**



Principal Place of Business: **8412 MOSLEY RD. P.O. BOX 34451 HOUSTON TX 77234**  
Mailing Address: **100 WEST WALNUT STREET ROOM T 1107 PASADENA CA 91124 US**

3. Date Incorporated or Qualified: **10/11/1982** 3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **76-0022014** 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

2. Principal Place of Business: 21 Suite, Apt #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**C. T. CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
33324 ATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0532 and 607.1506, 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 607.0535, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MOREN, JOHN G</b>	
STREET ADDRESS	<b>9920 GULF FREEWAY</b>	
CITY - ST - ZIP	<b>HOUSTON TX</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>MITCHELL, LAWRENCE D.</b>	
STREET ADDRESS	<b>12621 FEATHERWOOD</b>	
CITY - ST - ZIP	<b>HOUSTON TX</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LASSETER, T E</b>	
STREET ADDRESS	<b>9920 GULF FREEWAY</b>	
CITY - ST - ZIP	<b>HOUSTON TX</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BOWER, C.A.</b>	
STREET ADDRESS	<b>100 WEST WALNUT ST</b>	
CITY - ST - ZIP	<b>PASADENA CA</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>QUADE, D.H.</b>	
STREET ADDRESS	<b>100 WEST WALNUT ST</b>	
CITY - ST - ZIP	<b>PASADENA CA</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>FETTEROLF, P.R</b>	
STREET ADDRESS	<b>100 WEST WALNUT ST</b>	
CITY - ST - ZIP	<b>PASADENA CA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP	<b>77034</b>	
21 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP	<b>77034</b>	
31 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP	<b>77034</b>	
41 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP	<b>91124</b>	
51 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP	<b>91124</b>	
61 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP	<b>91124</b>	

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 even attachment with an address.

SIGNATURE: *P.R. Fetterolf* **P.R. FETTEROLF** 4/26/96 (818)440-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Printed

CR2E034 (12/95)