

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

25 MAY 11 11:10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000037273 (8)**
To: Corporation Name
PRIORITY CONSTRUCTION SERVICES, INC.

Principal Place of Business: **19108 CANDLE PL LUTZ FL 33549**
Mailing Address: **19108 CANDLE PL LUTZ FL 33549**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/21/1993**
3a. Date of Last Report: **04/29/1994**

4. FEI Number: **59-3184407**
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**

6. This corporation has liability for intangible tax under the Florida Statutes: Yes No

2. Principal Place of Business	2a. Mailing Address
21. State Apt # etc.	26. State Apt # etc.
22. City & State	27. City & State
24. ZIP	29. ZIP
25. Latitude	30. Longitude

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERRIS, ROBERT
19108 CANDLE PL
LUTZ FL 33549**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City & State	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.04(2) 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 607.1505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS	
OFFICER NAME STREET ADDRESS CITY, STATE, ZIP	D FERRIS, ROBERT 19108 CANDLE PL LUTZ FL 33549
OFFICER NAME STREET ADDRESS CITY, STATE, ZIP	D FERRIS, ALLYN 19108 CANDLE PL LUTZ FL 33549
OFFICER NAME STREET ADDRESS CITY, STATE, ZIP	
OFFICER NAME STREET ADDRESS CITY, STATE, ZIP	
OFFICER NAME STREET ADDRESS CITY, STATE, ZIP	
OFFICER NAME STREET ADDRESS CITY, STATE, ZIP	
OFFICER NAME STREET ADDRESS CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), 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 as an attachment with an address.

SIGNATURE: *Allyn Ferris* **ALLYN FERRIS** V. Pres. 5/4/95 813-949-8146
DATE: _____