

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

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30 MAY - 1 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F93000002864 (7)

1. Corporation Name
PREFERRED CONSTRUCTION SERVICES, INC.

Principal Place of Business: **P. O. BOX 283
HENDERSON KY 42420**
Mailing Address: **P. O. BOX 283
HENDERSON KY 42420**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/14/1993	3a. Date of Last Report 05/01/1994
4. FTT Number 61-1227427	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has authority for accepting tax under a 1987 state Florida Statute <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent COUDRET DAVID 1000 E ATLANTIC BLVD #206E POMPANO BEACH FL 33060	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(3), 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, thereby accept the appointment as registered agent. I am familiar with and accept the requirements of the board of directors, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME CDPS COUDRET, DAVID	STREET ADDRESS 301 N. BOEHNE CAMP RD. EVANSVILLE IN 47712	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME T COUDRET, DAVID	STREET ADDRESS 301 N. BOEHNE CAMP RD. EVANSVILLE IN 47712	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VPD COUDRET, KIMBERLY	STREET ADDRESS 301 N. BOEHNE CAMP RD. EVANSVILLE IN 47712	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and true, and qualify for the exemption stated in Section 607.01(3)(b), Florida Statutes. I further certify that the information is complete in this filing report or supplemental annual report. I am and was duly elected and that my appointment shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 of this report. I execute this report with an authorized signature.

SIGNATURE: *David Coudret*

David Coudret - President
David Coudret

4/28/95 (502) 827-5800