

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 # 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/14/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

61-1227427

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

COUDRET DAVID
1000 E ATLANTIC BLVD
#208F
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

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

Signature typed or printed in Block 12 or Block 13 of this report.

NOTE: Registered Agent's signature required when first filing.

DATE

12. OFFICERS AND DIRECTORS

TITLE	CDPS	☐ DELETE
NAME	COUDRET, DAVID	
STREET ADDRESS	301 N. BOEHNE CAMP RD.	
CITY-STATE-ZIP	EVANSVILLE IN 47712	
TITLE	T	☐ DELETE
NAME	COUDRET, DAVID	
STREET ADDRESS	301 N. BOEHNE CAMP RD.	
CITY-STATE-ZIP	EVANSVILLE IN 47712	
TITLE	VPD	☐ DELETE
NAME	COUDRET, KIMBERLY	
STREET ADDRESS	301 N. BOEHNE CAMP RD.	
CITY-STATE-ZIP	EVANSVILLE IN 47712	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

600001844658
-05/30/96--01060--017
***200.00

200001844652
-05/30/96--01060--016
***25.00

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 also certify that the information indicated on this annual report or supplement to an 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 of this report, or on an attachment to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/96 (502) 827-5800

CR2E034 (12/95)