

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/14/1993

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 61-1227427 Applied For Not Applicable 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
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\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

Yes No

9. Name and Address of Current Registered Agent

COUDRET DAVID
1000 E ATLANTIC BLVD
#208E
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
NAME	COUDRET, DAVID	1.2 NAME	
STREET ADDRESS	301 N. BOEHNE CAMP RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	EVANSVILLE IN 47712	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	Change Addition
NAME	COUDRET, DAVID	2.2 NAME	
STREET ADDRESS	301 N. BOEHNE CAMP RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	EVANSVILLE IN 47712	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	Change Addition
NAME	VPD COUDRET, KIMBERLY	3.2 NAME	
STREET ADDRESS	301 N. BOEHNE CAMP RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	EVANSVILLE IN 47712	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE: DAVID C. COUDRET, PRESIDENT

4/23/98 (502)827-5800

CR2E034 (10/97)