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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9500000425 (7)

PCE CONSTRUCTORS, INC.

Principal Place of Business Mailing Address 6225 CHOCTAW DR P O BOX 46417 **BATON ROUGE LA 70895-6417 BATON ROUGE LA 70805** 3. Date Incorporated or Qualified 3a. Date of Last Report 01/18/1995 06/25/1996 2. Principal Place of Business 2a. Mailing Address Applied For 72-1082832 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\mathbb{K}$ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes XX No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. Street Address (P.O. Box Number is Not Acceptable) 82 PLANTATION FL 33324 83 84 City Zip Code 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, type I or proton name of registery diagety and tale if application (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 13. 12. DELETE 11 TITLE Change Addition THILE ROBARDS, BOB N 1.2 NAME NAM: 10537 RONDO AVE STREET ADDRESS 1.3 STREET ADDRESS **BATON ROUGE LA 70815** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE XX Change Addition TITLE 2.1 TITLE ٧D NAME ROBARDS, MARK N 22 NAME 47 N SHERWOOD GLEN STREET ADORESS 2.3 STREET ADDRESS Monument CO 80132 MONUMENT CO CITY-\$1-7:P 2 4 CITY-ST-ZIP DELETE XX Change ☐ Addition 3 1 TITLE TITLE Jones, Carol L. NAME HEUMANN, CAROL J 3.2 NAME 13132 SUGAR BOWL AVE. 3.3 STREET ADDRESS STREET ADDRESS **BATON ROUGE LA 70814** 3 4. CITY - ST - ZIP CITY-ST-ZIF DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY - ST - ZIE 4.4 CITY - ST - ZIP Change DELETE 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE 6.1 TITLE Addition TOTLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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

B. N. Robards

appears in Block 12 or Block 13 if changed, or on an attachment with an address

LOURED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13JAN97

(504)357-1288

**FILED** 

Jan 23 1997 8:00am

Secretary of State