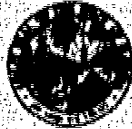


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 7:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L93920 (1)
1. Corporation Name
PROVIDENT CONSTRUCTION COMPANY

Principal Place of Business Mailing Address
**1001 N. U.S. HWY. ONE
SUITE 407
JUPITER FL 33477
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/15/1990		02/25/1994	
22 City & State		27 City & State		4. FBI Number		Applied For	
23 Zip		28 Zip		59-3027908		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
				7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOENIG, PAUL A.
1001 NORTH U.S. HWY. ONE
SUITE 407
JUPITER FL 33477**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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, 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	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	MASATIS, EDWARD A., JR.	1.2 NAME	
STREET ADDRESS	P.O. BOX 3433	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	1.4 CITY-ST-ZIP	
TITLE	PTD	2.1 TITLE	☐ Change ☐ Addition
NAME	KOENIG, PAUL A.	2.2 NAME	
STREET ADDRESS	1575 SW ST. ANDREWS DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	FLOURNOY, LOUIS PHILLIP	3.2 NAME	
STREET ADDRESS	12629 175TH RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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 further certify that the information included 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 on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

(Type/print name)