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 # **P40800** **(5)**

1. Corporation Name

LARSON/DRM CONSTRUCTION SERVICES, INC.

Principal Place of Business	Mailing Address
530 BEDFORD ROAD. SUITE 220 BEDFORD TX 76022	530 BEDFORD ROAD. SUITE 220 BEDFORD TX 76022

3. Date Incorporated or Qualified: 09/28/1992
3a. Date of Last Report: 03/17/1995

2. Principal Place of Business	2a. Mailing Address
21 750 Pipeline Court	26 750 Pipeline Court
Suite, Apt. #, etc 22 Suite 104	Suite, Apt. #, etc 27 Suite #104
City & State 23 Hurst TX	City & State 28 Hurst TX
Zip / Country 24 76053 / 25 U.S.	Zip / Country 29 76053 / 30 U.S

4. FEI Number: 33-0310743 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X — **$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

FISCHER, MICHAEL B., JR.
5622 5TH AVE.
FORT MYERS FL 33907

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 607.1508, 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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	BOOKHOLT, PETER		12 NAME		
STREET ADDRESS	2712 FOX GLENN CT		13 STREET ADDRESS		
CITY-ST-ZIP	HURST TX		14 CITY-ST-ZIP		
TITLE	VC	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	BOOKHOLT, CONNIE		22 NAME		
STREET ADDRESS	2712 FOX GLENN CT		23 STREET ADDRESS		
CITY-ST-ZIP	HURST TX		24 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	MORELLI, DON		32 NAME		
STREET ADDRESS	1765 FRONDOSO DR.		33 STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO CA		34 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	BOOKHOLT, CONNIE		42 NAME		
STREET ADDRESS	2712 FOX GLENN CT		43 STREET ADDRESS		
CITY-ST-ZIP	HURST TX		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 on an attachment with an address.

SIGNATURE: Connie Bookholt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Business Phone #