

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

**APPROVED
AND
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95 MAY -1 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 854345 (6)
 1. Corporation Name
PARSONS CONSTRUCTION SERVICES, INC.

Principal Place of Business 8412 MOSLEY RD. P.O. BOX 34451 HOUSTON TX 77234	Mailing Address 8412 MOSLEY RD. P.O. BOX 34451 HOUSTON TX 77234
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

3. Date Incorporated or Qualified 10/11/1982	3a. Date of Last Report 05/01/1994
4. FEI Number 76-0022014	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 100.022, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent C. T. CORPORATION SYSTEM 1200 S. PINE ISLAND RD 33324ATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	MOREN, JOHN G	11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	8412 MOSLEY ROAD	12 NAME	
STREET ADDRESS	HOUSTON TX	13 STREET ADDRESS	9920 GULF FREEWAY
CITY - ST - ZIP		14 CITY - ST - ZIP	HOUSTON, TX 77034
TITLE DST	MITCHELL, LAWRENCE D.	21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	9920 GULF FREEWAY	22 NAME	
STREET ADDRESS	HOUSTON TX	23 STREET ADDRESS	12621 FEATHERWOOD
CITY - ST - ZIP		24 CITY - ST - ZIP	HOUSTON, TX 77034
TITLE D	LESSTER, T.E.	31 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	9920 GULF FREEWAY	32 NAME	LASSETER, T. E.
STREET ADDRESS	HOUSTON TX	33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	77034
TITLE D	BOWER, C.A.	41 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	100 WEST WALNUT ST	42 NAME	
STREET ADDRESS	PASADENA CA	43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	91124
TITLE AS	QUADE, D.H.	51 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	100 WEST WALNUT ST	52 NAME	
STREET ADDRESS	PASADENA CA	53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	91124
TITLE AS	FETTEROLF, P.R.	61 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	100 WEST WALNUT ST	62 NAME	
STREET ADDRESS	PASADENA CA	63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	91124

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 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: *P.R. Fetterolf* P.R. FETTEROLF 4/26/95 (818)440-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)