

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 854345 (6)

1. Corporation Name
PARSONS CONSTRUCTION SERVICES, INC.



Principal Place of Business
6412 MOSLEY RD.
P.O. BOX 34451
HOUSTON TX 77234

Mailing Address
100 WEST WALNUT STREET
ROOM T 1107
PASADENA CA 91124-0001
US

3. Date Incorporated or Qualified
10/11/1982

3a. Date of Last Report
05/01/1996

4. FEI Number
76-0022014

5. Certificate of Status Desired **\$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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 City & State

24 Zip **25** Country

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip **30** Country

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

FL

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** _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **P** DELETE

NAME **MOREN, JOHN G**

STREET ADDRESS **9920 GULF FREEWAY**

CITY-ST-ZIP **HOUSTON TX**

TITLE **DST** DELETE

NAME **MITCHELL, LAWRENCE D.**

STREET ADDRESS **12621 FEATHERWOOD**

CITY-ST-ZIP **HOUSTON TX**

TITLE **D** DELETE

NAME **LASSETER, T E**

STREET ADDRESS **9920 GULF FREEWAY**

CITY-ST-ZIP **HOUSTON TX**

TITLE **D** DELETE

NAME **BOWER, C.A.**

STREET ADDRESS **100 WEST WALNUT ST**

CITY-ST-ZIP **PASADENA CA**

TITLE **AS** DELETE

NAME **QUADE, D.H.**

STREET ADDRESS **100 WEST WALNUT ST**

CITY-ST-ZIP **PASADENA CA**

TITLE **AS** DELETE

NAME **FETTEROLF, P.R**

STREET ADDRESS **100 WEST WALNUT ST**

CITY-ST-ZIP **PASADENA CA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP **77034**

2.1 TITLE Change Addition

2.2 NAME **MITCHELL, LAWRENCE D., JR.**

2.3 STREET ADDRESS **9906 GULF FREEWAY**

2.4 CITY-ST-ZIP **HOUSTON, TX 77034**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP **77034**

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP **91124**

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP **91124**

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP **91124**

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

SIGNATURE: _____ **DATE:** **04/25/97** **(818) 440-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)