

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN - 1 AM 10:59

DOCUMENT # P94000024372 (2)

1. Corporation Name

CORNERSTONE PARTNERS XII, INC.

Principal Place of Business

P.O. BOX 372067
SATELLITE BEACH FL

Mailing Address

P.O. BOX 372067
SATELLITE BEACH FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/29/1994** 3a. Date of Last Report

4. FEI Number **59-3230877** Applied For
Not Applicable

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 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**DEHARDER, ROBERT
1077 HIGHWAY A1A
SATELLITE BEACH FL**

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 date of signature)

Signature (typed or printed name of registered agent and date of signature)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	DEHARDER, ROBERT
STREET ADDRESS	1077 HIGHWAY A1A
CITY ST ZIP	SATELLITE BEACH FL 32937
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 11D.07(3)(b), 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: **Robert DeHarder** 5/16/95 (407) 779-0622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Telephone #

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

FILED
SECRETARY OF STATE
TAMPA, FLORIDA

DOCUMENT # P94000024901 (8)

1. Corporation Name

BESTSPRINGS WATER LTD., INC.

Principal Place of Business

Mailing Address

5300 US HWY 41 N
PALMETTO FL 34221

5300 US HWY 41 N
PALMETTO FL 34221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

03/28/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

Applied For

65-0477781

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

10. Name and Address of New Registered Agent

FERNANDEZ, JOSE R
7211 N DALE MABRY HWY 216
TAMPA FL 33614

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 199 if applicable)

(NOT) Registered Agent signature required when registering

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D**
NAME: **GREEN, IVEY N SR**
STREET ADDRESS: **5300 US HWY 41 N**
CITY- ST- ZIP: **PALMETTO FL 34221**

11 TITLE: **D** Change Addition
12 NAME: **Green, David S.**
13 STREET ADDRESS: **5300 US Hwy 41 N.**
14 CITY- ST- ZIP: **Palmetto, FL 34221**

TITLE: **D**
NAME: **Green, David S.**
STREET ADDRESS: **5300 US Hwy 41 N.**
CITY- ST- ZIP: **Palmetto, FL 34221**

21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY- ST- ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY- ST- ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY- ST- ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY- ST- ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 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 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:

Ivey N Green 5/1/95

(SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR)

(DATE)

(Digital Printout #)