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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P96000037155 (4)

CORNERSTONE BUILDERS OF HERNANDO, INC.

Principal Place of Business

Mailing Address

## **FILED** Jan 16 1997 8:00am Secretary of State



13407 TWIN LAKE AVE. SPRING HILL FL 34609		13407 TWIN LAKE AVE. SPRING HILL FL 34809-6158							
						3. Date Incorporated or Qualified 04/30/1996	3a. Da	ite of Las	Report
2. Principal Place	e of Business	2a. Mailing Addres	2a. Mailing Address			4. FEI Number			Applied For
21		26	26			59-3378252			Not Applicable
Suite Apt. #, etc.		Suite, Apt. #, 6				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be
Ζιρ <b>24</b>	Country 25	Zip <b>29</b>	Country 30			8. This corporation has liability for intangible tak under s. 199.032, Florida Statutes			
	<ol><li>Name and Address of Cu</li></ol>	rrent Registered Agent		I		10. Name and Address of New Re	gistered /	Agent	
WEST.	JEFFREY			81	Name				
13407 TWIN LAKE AVE. SPRING HILL FL 34609				82	Street Ado	Address (P.O. Box Number is Not Acceptable)			
011014	O TREE TE OTOGO			83					
				84	City		FL	<b>85</b> Z	ip Code
agent. Lam t	familiar with, and accept the o	bligations of, Section 607.0	505, Florida Sta	atute	S.	ation's board of directors. I hereby acceptions board of directors.	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECT	ORS IN 12
TITLE	PSTD	DEL	ETE 1.1	TITLE				Chang	je 🔲 Additioi
NAME 1	West, Jeffrey		1.21	NAME					
STREET ADDRESS	13407 TWIN LAKE AVE.		1.3 3	STREE	T ADDRESS				
CHY-ST-ZIP	SPRING HILL FL 34609		1.4 (	CITY-!	ST-ZIP				
TITLE		DEL		TITLE				Chang	e Addition
NAME			2.21	NAME	İ				
STREET ADDRESS			2.3 3	STREE	T ADDRESS				
CHTY-ST-ZIP					ST-ZIP				
THE	***************************************	DEL		TITLE				Chang	e 🔲 Addition
NAME.			3.21	NAME					
STREET ADDRESS			3.3	STREE	T ADDRESS				
CITY-ST-ZIP			3.4.	CITY -	ST-ZIP				
TITLE		☐ DEL		TITLE		***************************************		Chang	je 🔲 Additio
NAME.			4. 2	NAME					
STREET ADDRESS			4.3	STREE	T ADDRESS				
CITY-ST-ZIP			4.4	CITY-:	ST-ZIP				
TITLE		DEL		TITLE				Chang	ge Additio
NAME			5.2	NAME					
STREET ADDRESS			5.3	STREE	T ADDRESS				
C/TY-ST-ZIP			1		ST-ZIP				
TITLE		☐ DEL		TITLE	<u></u>			Chan	ge 🔲 Addilio
NAME			62	NAME					
STREET ADDRESS					T ADDRESS				
CITY - ST - ZIP					SI-7/P				

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 armual 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 12 in changed, or on an attachment with an address.

SIGNATURE: