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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 04 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000037155 (4)

CORNERSTONE BUILDERS OF HERNANDO, INC.

Principal Place of Business Mailing Address 13407 TWIN LAKE AVE. 13407 TWIN LAKE AVE. SPRING HILL FL 34609 SPRING HILL FL \$4609 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/30/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3378252 Not Applicable 21 26 Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation owes or has paid the current year Intangible Zip Country Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **WEST, JEFFREY** 13407 TWIN LAKE AVE. 82 Street Address (P.O. Box Number is Not Acceptable) SPRING HILL FL 34609 83 84 Zip Code City 85 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 it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition PSTD 1.1 TITLE TITLE WEST, JEFFREY 1.2 NAME NAME 13407 TWIN LAKE AVE. 1.3 STREET ADDRESS STREET ADDRESS SPRING HILL FL 34609 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 3 1 TITLE TITLE 3.2 NAME 3.3 STREE1 ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-SY-ZIF Addition DELETE ☐ Change 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition □ DELETE 61 TITLE TITLE 62 NAME NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I 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 nanual 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 any attachment with an address.

4-14-41