FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 AM 10: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **611027** **(4)**

1. Corporation Name
CORNERSTONE RESTORATIONS, INC.

Principal Place of Business	Mailing Address
PO BOX 668 NEW SMYRNA BEACH FL 32170 US	PO BOX 668 NEW SMYRNA BEACH FL 32170 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/26/1979
3a. Date of Last Report: 11/04/1994

2. Principal Place of Business	2a. Mailing Address
21 221 N. Causeway	26 221 N. Causeway
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 New Smyrna Beach, FL	City & State 28 New Smyrna Beach, FL
Zip 24 32169-5239 Country 25 Volusia	Zip 29 32169-5239 Country 30 Volusia

4. FEI Number: 59-1931156 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEAR, TYRREL 425 E THIRD AVE NEW SMYRNA BCH FL 32165	81 Name: HAL SPENCE 82 Street Address (P.O. Box Number is Not Acceptable): 221 NORTH CAUSEWAY 83 84 City: New Smyrna Beach, FL 85 Zip Code: 32169-5239

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: Hal Spence 4/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☑ Change ☐ Addition
NAME	DAVICH, DOUG	12 NAME	M. DOUGLAS DAVICH
STREET ADDRESS	509 N. PENINSULA AVE.	13 STREET ADDRESS	91-1248 ALA NUI MAUKA ST.
CITY-ST-ZIP	NEW SMYRNA BCH, FL 00000	14 CITY-ST-ZIP	EWA BEACH, HI 96706
TITLE	ST	21 TITLE	ST ☑ Change ☐ Addition
NAME	DAVICH, ANITA	22 NAME	ANITA DAVICH
STREET ADDRESS	509 N. PENINSULA AVE.	23 STREET ADDRESS	91-1248 ALA NUI MAUKA ST.
CITY-ST-ZIP	NEW SMYRNA BCH, FL 00000	24 CITY-ST-ZIP	EWA BEACH, HI 96706
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: M. Douglas Davich Pres. M. Douglas Davich 4/6/95 DOD 601-37-7896
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0404100 FP