

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90146 036 \*\*\*\*61.25

**DOCUMENT # N95000004378**

1. Corporation Name

**CORNERSTONE RANCH, INC.**

Principal Place of Business

121 WEST FORSYTH STREET  
SUITE 200  
JACKSONVILLE FL 32202

Mailing Address

121 WEST FORSYTH STREET  
SUITE 200  
JACKSONVILLE FL 32202



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 200 LAURA ST.

27 Suite, Apt. #, etc.

28 City & State

JACKSONVILLE, FL

29 Zip 30 Country

32202 USA

3. Date Incorporated or Qualified

09/14/1995

4. FEI Number

59-3338732

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

9. Name and Address of Current Registered Agent

BROOKSHIRE, GEORGE S  
121 WEST FORSYTH STREET  
SUITE 200  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

F & L CORP.

82 Street Address (P.O. Box Number is Not Acceptable)

200 LAURA ST

83

84 City

JACKSONVILLE,

FL

85 Zip Code

32202

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

F & L Corp. *Charles V. Hedrick* Charles V. Hedrick, Authorized Sig. 4-26-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STEIN, MARY C  
STREET ADDRESS 3903 ORTEGA BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ DELETE

NAME DST  
BROOKSHIRE, GEORGE S  
STREET ADDRESS 12880 N HUNT CLUB ROAD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME D  
LITTLEPAGE, MARY KRESS  
STREET ADDRESS 3331 FITCH STREET  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*George Brookshire*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

Date

4-26-99 (904)353-5993

Daytime Phone #

CR2E037 (11/98)