

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P92000013476 (6)**

**CORNERSTONE CONTRACTING OF SARASOTA INC.**



Principal Place of Business: **3824 GLEN OAKS MANOR SARASOTA FL 34232 US**  
Mailing Address: **3824 GLEN OAKS MANOR SARASOTA FL 34232 US**

3. Date Incorporated or Qualified: **12/17/1992**  
3a. Date of Last Report: **04/20/1995**  
4. FEI Number: **65-0374113**  
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 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent: **GUCCIONE, JACQUELYN 3824 GLEN OAKS MANOR SARASOTA FL 34232**

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 607.0402 and 607.1506, 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. Said change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS: 1. TITLE: **P**; NAME: **GUCCIONE, JACQUELYN F.**; STREET ADDRESS: **3824 GLEN OAKS MANOR SARASOTA FL**; 2. TITLE:  DELETE; 3. TITLE:  DELETE; 4. TITLE:  DELETE; 5. TITLE:  DELETE; 6. TITLE:  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 1. TITLE:  Change  Addition; 12 NAME; 13 STREET ADDRESS; 14 CITY, ST, ZIP; 2. TITLE:  Change  Addition; 23 NAME; 23 STREET ADDRESS; 24 CITY, ST, ZIP; 3. TITLE:  Change  Addition; 32 NAME; 33 STREET ADDRESS; 34 CITY, ST, ZIP; 4. TITLE:  Change  Addition; 42 NAME; 43 STREET ADDRESS; 44 CITY, ST, ZIP; 5. TITLE:  Change  Addition; 52 NAME; 53 STREET ADDRESS; 54 CITY, ST, ZIP; 6. 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 199.07(5)(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 Book 12 or Book 13 if changed, or on an attached statement with my address.

SIGNATURE: *Jacquelyn F. Guccione* 1/17/96 941-371-4666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)