

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000004073 (1)

1. Corporation Name:

CORNERSTONE CONSTRUCTION GROUP, INC.



Principal Place of Business

Mailing Address

2803 W. BUSCH BLVD
SUITE 107
TAMPA FL 33613
US

2803 W. BUSCH BLVD
SUITE 107
TAMPA FL 33613
US

3. Date Incorporated or Qualified

01/19/1993

3a. Date of Last Report

07/28/1995

4. FFI Number

59-3159623

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 ☒

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FUENTES, LAWRENCE E
FUENTES AND KREISCHER
1407 WEST BUSCH BLVD.
TAMPA FL 33612

81 Name

ALLEN GOINS

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

2803 W. BUSCH BLVD.

83

SUITE 107

84 City

TAMPA

FL

85 Zip Code

33613

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 to 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

Allen Goins

ALLEN GOINS

AUGUST 1, 1996

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GOINS, ALLEN
STREET ADDRESS 4014 GUNN HIGHWAY #200-
CITY-ST-ZIP TAMPA FL 33624

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

PT
GOINS, ALLEN
2803 W. BUSCH BLVD. SUITE 107
TAMPA, FL. 33613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

VPS
BONNIE GOINS
13926 SHADY SHORES DRIVE
TAMPA, FLORIDA 33613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
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 119.07(3)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Allen Goins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALLEN GOINS

August 1, 1996 8139151122

CR2E034 (3/96)