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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P93000004073**1. Corporation Name

CORNERSTONE CONSTRUCTION GROUP, INC.

Fillicipal Flace	e of Business	Mailing Address								
2803 W. BUSCH	H BLVD	2803 W. BUSCH BLVD								
SUITE 107		SUITE 107			1					
TAMPA FL 33618		TAMPA FL 33618				DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorpor	rated or Qualifed			
						01/19/199	3			
2. Principal P	lace of Business	2a. Mailing Address	•			4. FEI Number			I A	pplied For
<b>—</b> '	. <del></del>	26				59-315962	2		N	ot Applicable
Suite, Apt.	# atc	Suite, Apt. #, etc.				33 3 13302	.0			Additional
	#, 6tc.	<u></u>				5. Certifcate of	Status Desired			equired
22 City & State		Cib. 8 State			<u>_</u>	<del>-</del>	<del></del>		<del></del>	<del></del>
City & State		City & State				6. Election Cam			•	May Be
23		28				Trust Fund C	ontribution		Added	to Fees
Zip	Country .	Zip	Cou	intry			ion owes the curre	ent year in		
24	25	29	30			Personal Pro			☐ Yes	□No
	9. Name and Address of Current	t Registered Agent				10. Name and A	ddress of New R	Registered	Agent	
				81  N	lame					[
goins, allen			<del> </del>		10 A A A A	and (D.O. Day Mussel	an in Net Asset	hlo)		
2803 W. BUSCH BLVD.				<b>82</b>   S	Street Address (P.O. Box Number is Not Acceptable)			1		
	E 107			83			<del></del>			
	PA FL 33618			"						}
IVIN	TATE 00010			84 C	City	_ <del></del>	<del></del>	F- 1	85 Zip	Code
					•			<u> </u>	<u> </u>	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es, the al	bove-na	amed corpo	oration submits this	statement for the	purpose of	changing its	s registered
office or n agent. I a	registered agent, or both, in the State of mailiar with, and accept the obligat	of Florida. Such change was a tions of, Section 607.0505, Flo	utnorized rida Stati	o by the utes.	corporatio	on's poard or director	rs. i nereby accep	и ине арро	munent as re	egistereu
SIGNATURE	Signature, typed or printed name of registered agent	f and title if applicable (NOTE	: Registered	Agent sig	al un enguirod			DATE		
12	OFFICERS AN			Agent sig	Instine sedoned		HANGES TO OF		ND DIRECTO	ORS IN 12
12.		D DIRECTORS	13.		Institute required		HANGES TO OF			ORS IN 12
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TITLE NAME	PT Goins, Allen	D DIRECTORS  DELETE  107	13. 1.1 Til 1.2 NA 1.3 ST	TLE VME	DRESS		HANGES TO OF		☐ Change	Addition
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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 five 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 engineer of the 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 or an attraction of the empowered.

SIGNATURE:

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90218 041 \*\*\*150.00