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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # P94000011929 (4)

1. Corporation Name

CORNERSTONE MASONRY SERVICES, INC.

Principal Place of Business	Mailing Address
8841 COLLEGE PKWY. SUITE 106 FT. MYERS FL 33919 US	8841 COLLEGE PKWY SUITE 106 FT. MYERS FL 33919-4858 US

3. Date Incorporated or Qualified: 02/09/1994
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business
21 9081 KING ROAD WEST
22 Suite, Apt. #, etc.
23 City & State: FT. MYERS, FL.
24 Zip: 33912
25 Country: U.S.A.

2a. Mailing Address
26 9081 KING ROAD WEST
27 Suite, Apt. #, etc.
28 City & State: FT. MYERS, FL.
29 Zip: 33912
30 Country: U.S.A.

4. FEI Number: 65-0474658 ☐ 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

MCMENEMY, ALEXANDER III
1356 JAMAICA DR.
SANIBEL FL 33957

10. Name and Address of New Registered Agent

81 Name: McMENEMY, ALEXANDER III
82 Street Address (P.O. Box Number is Not Acceptable): 9081 KING ROAD WEST
83
84 City: FT. MYERS FL 85 Zip Code: 33912

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: ALEX E. McMENEMY, III FEB. 17, 1997
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	VPT	☒ DELETE	1.1 TITLE	VPT	☒ Change ☐ Addition
NAME	SHANNON, DONNA. D		1.2 NAME	NICHOLSON, MARY (DR.)	
STREET ADDRESS	1356 JAMAICA DR.		1.3 STREET ADDRESS	9081 KING ROAD WEST	
CITY-ST-ZIP	SANIBEL FL		1.4 CITY-ST-ZIP	FT. MYERS, FL. 33912	
TITLE	PS	☐ DELETE	2.1 TITLE	PS	☒ Change ☐ Addition
NAME	MCMENEMY, ALEX		2.2 NAME	McMENEMY, ALEX	
STREET ADDRESS	1356 JAMAICA DR.		2.3 STREET ADDRESS	9081 KING ROAD WEST	
CITY-ST-ZIP	SANIBEL FL		2.4 CITY-ST-ZIP	FT. MYERS, FL. 33912	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added in the event with an address.

(941)481-8810

SIGNATURE: ALEXANDER McMENEMY, III FEB. 17, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #