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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P94000023520 (7) DOCUMENT # 1. Corporation Name

CORNERSTONE CONTRACTORS BUILDING YOUR DREAMS, IN

Principal Place of Business

Mailing Address



| 235 ROOSEVELT SOUARE OVIEDO FL 32765 | | | 235 ROOSEVELT SOUARE OVIEDO FL 32765 | | | | | | | |
|---|--|----------|---|----------------------|-----------|--------------------|---|------------------------------------|---------------|---|
| | | | | | | | 3. Date incorporated or Qualified 03/22/1994 | 3a. Date of Last Report 05/01/1995 | | |
| 2. Principal Place of Business 2a. 21 26 | | | . Mailing Address | | | | 4. FEI Number 59-3231896 | | | Applied For |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | AO SE | | | |
| 22 | | | | | | | 5. Certificate of Status Desired | | | ee Required |
| City & State | | | Oity & State | | | | 6. Election Campaign Financing | | \$! | 5.00 May Be |
| Zip | Country | 28 | Zip | | | | Trust Fund Contribution | LJ | | dded to Fees |
| 24 | , h, ' l | | | Country 30 | | | 8. This corporation has liability for intangible tax under s 199,032, Florida Statutes Yes No | | | |
| Name and Address of Current Registered Agent | | | | | | | 10. Name and Address of New Re | gistered A | gent | |
| | ***** | | | 8 | 31 | Name | | | | |
| WARMOTH, EDWARD L 235 ROOSEVELT SQUARE | | | 82 Street Addre | | | Street Addr | ress (P.O. Box Number is Not Acceptable) | | | |
| OVEDO FL 32765 | | | 83 | | | | | | · | |
| OTAL | 70 12 02700 | | | L. | | | | | | |
| | | | | | 34 | City | | FI | 85 | Zip Code |
| 11. Pursuant | to the provisions of Sections 607.050; | 2 and 60 | 7.1508, Florida Statut | es, the above | L e∙na | anied corpora | ation submits this statement for the purp | ose of cha | l l nging | 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 heroby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | |
| 12, | Signature, typed or printed name of registered ages OFFICERS AN | | | DIE: Registered A; | jerit | signature required | | DATE | | |
| TITLE | PD | - DITE | TT DELETE | 1. 1 Jiju | F | | ADDITIONS/CHANGES TO OFFK | | DIREC Chan | |
| NAME | WARMOUTH, SANDRA M | | | 1,2 NAM | | | | L | j Grian | ge Addition |
| STREET ADDRESS | 235 ROOSEVELT SQUARE | | | 1.3 STRE | : E1 A | ADDRESS | | | | |
| CITY-S1-2IP | OVIEDO FL 32765 | | | 1.4 CITY | - \$1 | - 2IP | | | | |
| TITLE | SD | | DELF18 | 2. 1 TITL | f | | | | Chan | ge 🔲 Addition |
| NAME: | WARMOUTH, EDWARD L | | | 2.2 NAM | É | | | | | |
| STREET ADDRESS | 235 ROOSEVELT SQUARE OVIEDO FL 32765 | | | 2 3 STRE | [] A | DDRESS | | | | ł |
| CITY-ST-ZIP TITLE | OVIEDO PL 32765 | | □ DELETE | 2.4 CITY | | - ZrP | | | | |
| NAME | | | ☐ pereit | 3, 1 1·TL 3 2 NAM | | | | | Chan | ge 🗌 Addition |
| STREET ADDRESS | | | | 3.3 STRE | | ADODECC | | | | |
| CITY-ST-ZIP | | | | 3.4 CITY | | 1 | | | | |
| TITLE | | | DELFTE | 4. 1 7171 | _ | 211 | | Г | Chani | ge |
| NAME | | | | 4.2 NAMI | E | | | _ | 0.144.7 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| STREET ADDRESS | | | | 4 3 STHE | ET A | .DDRESS | | | | |
| CITY-ST-ZIP | | | | 4.4 CITY | -12 | ZIP | | | | |
| TITLE | | | DELETE: | 5. 1 TITU | F | | | | Chang | e 🔲 Addition |
| NAME STORES ADDRESS | | | | 5.2 NAMS | | | | | | |
| STREET ADDRESS | | | | 5.3 STRE | | | | | | |
| CITY-ST-ZIP TITLE | | | DELETE | 5.4 CITY - | | ZIP | | | | |
| NAME | | | رب مددد اد | 6. 1 TITLE | | | | | Chang | pe 🗌 Addition |
| STREET ADDRESS | | | | 6.2 NAME | | ANDESC | | | | |
| CITY-ST-ZIP | | | | 64 CITY | | | | | | |

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an abactyment with an address.

SIGNATURE:

and two of signing officer or director L. WARMOTH 4-30-96 (467) 366-7874