

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000059818 (1)**

1. Corporation Name

CORNERSTONE VALUATION GROUP, INC.



Principal Place of Business

Mailing Address

**5110 EISENHOWER BLVD. SUITE 200
TAMPA FL 33634**

**5110 EISENHOWER BLVD. SUITE 200
TAMPA FL 33634**

3. Date Incorporated or Qualified

08/02/1995

3a. Date of Last Report

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

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9. Name and Address of Current Registered Agent

4. FEI Number

59-3330679

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. 190.032,
Florida Statutes

☒

Yes

☐

No

10. Name and Address of New Registered Agent

**THOMPSON, DENNIS P
1150 CLEVELAND STREET
SUITE 301
CLEARWATER FL 34615**

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 607.0502 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

Signature (Signature of person accepting appointment as registered agent)

(Signature of New Agent Signature Required Under New Rules)

Date

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

SCHULTZ, BRYAN K

STREET ADDRESS

5110 EISENHOWER BLVD, SUITE 200

CITY-ST-ZIP

TAMPA FL 33634

TITLE

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☐ DELETE

NAME

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRYAN SCHULTZ

7-31-96

(813) 886-3911

Date

Display Phone #

CR2E034 (3/96)