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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P960000042630

1. Corporation Name
CORNERSTONE CONSTRUCTION GROUP OF CITRUS COUNTY, INC

Principal Place of Business	Mailing Address
1088 S. Softwind loop LECANTO, FL 34461	P.O. Box 1179 LECANTO, FL 34460

3. Date Incorporated or Qualified: MAY 13, 1996	3a. Date of Last Report: N/A
4. FEI Number: 59-3385735	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

NANCY A. BELL
1088 S. Softwind loop
LECANTO, FL 34461

10. Name and Address of New Registered Agent

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: (If changing Registered Agent, type or print name of registered agent and title if applicable.) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME		1.2 NAME	P Roger Nedrow
STREET ADDRESS		1.3 STREET ADDRESS	5224 W. Amman St.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Dunnellon, FL 34433
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	V Nancy A. Bell
STREET ADDRESS		2.3 STREET ADDRESS	1088 S. Softwind loop
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Lecanto, FL 34461
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	T Joseph A. Bell
STREET ADDRESS		3.3 STREET ADDRESS	1088 S. Softwind loop
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Lecanto, FL 34461
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	S Robert Ripple
STREET ADDRESS		5.3 STREET ADDRESS	7745 SW 187th Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Dunnellon, FL 34432-2440
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	

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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 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 attachment with an address.

SIGNATURE: Joseph A Bell Joseph A. Bell/TREASURER 4/2/97 352 746-7516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #