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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 16 1998 8:00am Secretary of State

1998 DOCUMENT # P97000019267 (8) CORNERSTONE HOME INSPECTIONS, INC. Principal Place of Business Mailing Address 2443 SW CAMEO BLVD. 2443 SW CAMEO BLVD. PORT ST LUCIE FL 34953 PORT ST LUCIE FL 34953 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/24/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-07475 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State Cily & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Ζıp Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes

10. Name and Address of New Registered Agent 29 30 24 25 9. Name and Address of Current Registered Agent 81 Name BILOTT, RONALD L 2443 SW CAMEO BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) PORT ST LUCIE FL 34953 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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 (NOTE Registered Agent signature required when reinstating) Storiative, typed or project more of registered agest and title it applicable DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE TITLE BILOTT, RONALD L NAME 1.2 NAME 2443 SW CAMEO BLVD. STREET ADDRESS 1.3 STREET ADORESS PORT ST LUCIE FL 34953 1.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Addition 2.1 TITLE Change NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELFTE Addition Change TITLE 31 TILE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 4 1 TITLE TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6 1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

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; etc. an attachment with agradutes.

SIGNATURE: