FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V60277 (3)

1. Corporation Name
CORNERSTONE SERVICES INC.

Principal Place of Business	Mailing Address
1106 SO SCENIC HWY ~~STE 6~~ 127 Recker Hwy ~~LAKE WALES FL 33853~~ US Auburndale, FL 33823	~~1106 SO SCENIC HWY STE 6~~ P.O. Box 453 ~~LAKE WALES FL 33853~~ Au US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/24/1992	3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-3140349	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
21 127 Recker Hwy	26 P.O Box 453
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Auburndale FL	28 City & State: Auburndale FL 5
24 Zip: 33823 25 Country: POLK	29 Zip: 33823 30 Country: POLK

9. Name and Address of Current Registered Agent

OLIVER, DONALD D.
1106 SO SCENIC HWY
STE 6
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name: Oliver, Donald D.
82 Street Address (P.O. Box Number is Not Acceptable): 127 Recker Hwy
83
84 City: Auburndale FL 85 Zip Code: 33823

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: Donald Oliver — Donald Oliver — 4/27/95
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	OP	1.1 TITLE	OP ☑ Change ☐ Addition
NAME	OLIVER, DONALD	1.2 NAME	Oliver Donald
STREET ADDRESS	1106 SO SCENIC HWY, STE 6	1.3 STREET ADDRESS	127 Recker Hwy
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP	Auburndale FL 33823
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: Donald Oliver — Donald Oliver — 4/27/95 — 1-800-791-2979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0448949 FP