



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1333
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 106633		2. Name of Corporation STELLAR GROUP, INCORPORATED			
3. Street Address Principal Business Office 2900 Hartley Road			City Jacksonville	State FL	Zip 32257
4. Business Phone No. 904/260-2900		5. State of Incorporation FLORIDA			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDE DESIGN/BUILD GENERAL CONTRACTOR CONSTRUCTION SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ronald H. Foster, Jr.			Vice President Name Scott V. Witt		
Street Address 2900 Hartley Road			Street Address 2900 Hartley Road		
City Jacksonville	State FL	Zip 32257	City Jacksonville	State FL	Zip 32257
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name H. Bobby Cothren			Director Name Donald L. Smith		
Street Address 2900 Hartley Road			Street Address 2900 Hartley Road		
City Jacksonville	State FL	Zip 32257	City Jacksonville	State FL	Zip 32257
Director Name Ronald H. Foster, Sr.			Director Name V. Earl Glisson		
Street Address 2900 Hartley Road			Street Address 2900 Hartley Road		
City Jacksonville	State FL	Zip 32257	City Jacksonville	State FL	Zip 32257
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500,000 COMM \$1.00 PAR VALUE			100	Class A	100.00
			100,800	Class B	100,800.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



106633

FILED

File Date: MAR 07 2005 3:21 PM
Check No.:
By: UB

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including all accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 03/03/05

Scott V. Witt

Print or Type Name of Officer

CFO/Senior Vice President

Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

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Corporations Divisio
100 North Main Street
Providence, RI 02903-133
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 106633	2. Name of Corporation STELLAR GROUP, INCORPORATED		
3. Street Address Principal Business Office 2900 HARTLEY ROAD		City JACKSONVILLE	State FL
		Zip 32257	
4. Business Phone No. 904/260-2900		5. State of Incorporation FLORIDA	
		6. SIC Code 0	

7. Brief Description of the Character of Business Conducted in Rhode Island
PROVIDE DESIGN/BUILD GENERAL CONTRACTOR CONSTRUCTION SERVICES.

8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RONALD H. FOSTER, JR.			Vice President Name SCOTT V. WITT		
Street Address 2900 HARTLEY ROAD			Street Address 2900 HARTLEY ROAD		
City JACKSONVILLE	State FL	Zip 32257	City JACKSONVILLE	State FL	Zip 32257
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name H. BOBBY COTHREN			Director Name DONALD L. SMITH		
Street Address 2900 HARTLEY ROAD			Street Address 2900 HARTLEY ROAD		
City JACKSONVILLE	State FL	Zip 32257	City JACKSONVILLE	State FL	Zip 32257
Director Name RONALD H. FOSTER, SR.			Director Name V. EARL GLISSON		
Street Address 2900 HARTLEY ROAD			Street Address 2900 HARTLEY ROAD		
City JACKSONVILLE	State FL	Zip 32257	City JACKSONVILLE	State FL	Zip 32257
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500,000 COMM \$1.00 PAR VALUE			100 \$1.00 PAR	CLASS A	
			100,800 \$1.00 PAR	CLASS B	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FILED 106633*

File Date MAY 03 2004
Check No. By 338434
By: _____
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

02/25/04
Date

Signature of Officer _____
SCOTT V. WITT
Print or Type Name of Officer
CFO/Senior Vice President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **106633** 2. Name of Corporation **STELLAR GROUP, INCORPORATED**

3. Street Address Principal Business Office **2900 HARTLEY ROAD** City **JACKSONVILLE** State **FLORIDA** Zip **32257**

4. Business Phone No. **904/260-2900** 5. State of Incorporation **FLORIDA** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island

DESIGN/BUILD CONTRACTOR

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name H. BOBBY COTHREN	Vice President Name DONALD L. SMITH
Street Address 2900 HARTLEY ROAD	Street Address 2900 HARTLEY ROAD
City State Zip JACKSONVILLE FLORIDA 32257	City State Zip JACKSONVILLE FLORIDA 32257

Secretary Name RONALD H. FOSTER, JR.	Treasurer Name RONALD H. FOSTER, SR.
Street Address 2900 HARTLEY ROAD	Street Address 2900 HARTLEY ROAD
City State Zip JACKSONVILLE FLORIDA 32257	City State Zip JACKSONVILLE FLORIDA 32257

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name H. BOBBY COTHREN	Director Name RONALD H. FOSTER, SR.
Street Address 2900 HARTLEY ROAD	Street Address 2900 HARTLEY ROAD
City State Zip JACKSONVILLE FLORIDA 32257	City State Zip JACKSONVILLE FLORIDA 32257

Director Name RONALD H. FOSTER, JR.	Director Name
Street Address 2900 HARTLEY ROAD	Street Address
City State Zip JACKSONVILLE FLORIDA 32257	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
500,000	COMM	\$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	CLASS A	100.00
100,800	CLASS B	100,800.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 6 6 3 3 *

File Date: 3.3.03

Check No.: 314446

By: UP

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 2/27/2003

Print or Type Name of Officer Scott V. Witt

Vice President

**STELLAR GROUP, INCORPORATED
RHODE ISLAND CORP. ID #106633**

Additional Officer:

Vice President

Scott V. Witt
2900 Hartley Road
Jacksonville, FL 32257



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 106633 2. Name of Corporation STELLAR GROUP, INCORPORATED
3. Street Address Principal Business Office 2900 HARTLEY ROAD City JACKSONVILLE State FL Zip 32257
4. Business Phone No. 904/260-2900 5. State of Incorporation FLORIDA 6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island
DESIGN/BUILD CONTRACTOR

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <u>H. BOBBY COTHREN</u>	Vice President Name <u>DONALD L. SMITH</u>
Street Address <u>2900 HARTLEY ROAD</u>	Street Address <u>2900 HARTLEY ROAD</u>
City <u>JACKSONVILLE</u> State <u>FL</u> Zip <u>32257</u>	City <u>JACKSONVILLE</u> State <u>FL</u> Zip <u>32257</u>

Secretary Name <u>RONALD H. FOSTER, JR.</u>	Treasurer Name <u>RONALD H. FOSTER, SR.</u>
Street Address <u>2900 HARTLEY ROAD</u>	Street Address <u>2900 HARTLEY ROAD</u>
City <u>JACKSONVILLE</u> State <u>FL</u> Zip <u>32257</u>	City <u>JACKSONVILLE</u> State <u>FL</u> Zip <u>32257</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <u>H. BOBBY COTHREN</u>	Director Name <u>RONALD H. FOSTER, SR.</u>
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name <u>RONALD H. FOSTER, JR.</u>	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<u>500.000</u>	<u>COMM</u>	<u>\$1.00 PAR</u>

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<u>100</u>	<u>CLASS A</u>	<u>100.00</u>
	<u>102.000</u>	<u>CLASS B</u>	<u>102.000.10</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 6 6 3 3 *

File Date: 2-22-02
Check No.: 283225
By: KM

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 2-11-02
Print or Type Name of Officer: D. L. Smith
SA 16-D



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **106633** 2. Name of Corporation **STELLAR GROUP, INCORPORATED**

3. Street Address Principal Business Office **2900 Hartley Road** City **Jacksonville** State **FL** Zip **32257**

4. Business Phone No. **904/260-2900** 5. State of Incorporation **FLORIDA** 6. SIC Code **00**

7. Brief Description of the Character of Business Conducted in Rhode Island
Design/Build Contractor

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **H. Bobby Cothren**
Street Address **2900 Hartley Road**
City **Jacksonville,** State **FL** Zip **32257**

Vice President Name **Donald L. Smith**
Street Address **2900 Hartley Road**
City **Jacksonville** State **FL** Zip **32257**

Secretary Name **Ronald H. Foster, Jr.**
Street Address **2900 Hartley Road**
City **Jacksonville,** State **FL** Zip **32257**

Treasurer Name **Ronald H. Foster, Sr.**
Street Address **2900 Hartley Road**
City **Jacksonville** State **FL** Zip **32257**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **H. Bobby Cothren**
Street Address **2900 Hartley Road**
City **Jacksonville** State **FL** Zip **32257**

Director Name **Ronald H. Foster, Sr.**
Street Address **2900 Hartley Road**
City **Jacksonville** State **FL** Zip **32257**

Director Name **Ronald H. Foster, Jr.**
Street Address **2900 Hartley Road**
City **Jacksonville** State **FL** Zip **32257**

Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500,000	COMM \$1.00 PAR		100	Class A	100.00
			100,800	Class B	101,800.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2/20
252480
Check No.: _____
By: DL

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Donald L. Smith 1/11/01
Signature of Officer Date
Donald L. Smith
Print or Type Name of Officer
Senior Vice President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **106633** 2. Name of Corporation **STELLAR GROUP, INCORPORATED**
3. Street Address Principal Business Office **2900 Hartley Road** City **Jacksonville** State **Florida** Zip **32257**
4. Business Phone No. **904/260-2900** 5. State of Incorporation **FLORIDA** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

Design/Build Contractor

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name H. Bobby Cothren Street Address 2900 Hartley Road City Jacksonville State Florida Zip 32257	Vice President Name Donald L. Smith Street Address 2900 Hartley Road City Jacksonville State Florida Zip 32257
Secretary Name Ronald H. Foster, Jr. Street Address 2900 Hartley Road City Jacksonville State Florida Zip 32257	Treasurer Name Ronald H. Foster, Sr. Street Address 2900 Hartley Road City Jacksonville State Florida Zip 32257

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name H. Bobby Cothren Street Address 2900 Hartley Road City Jacksonville State Florida Zip 32257	Director Name Ronald H. Foster, Sr. Street Address 2900 Hartley Road City Jacksonville State Florida Zip 32257
Director Name Ronald H. Foster, Jr. Street Address 2900 Hartley Road City Jacksonville State Florida Zip 32257	

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
500,000 COMM	Class A	\$1.00 PAR

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	Class A	\$ 100.00
101,800	Class B	\$101,800.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trust-



* 1 0 6 6 3 3 *

File Date: 2-4-00

Check No.: 209419

By: AMF

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Donald L. Smith 1/25/2000
Signature of Officer Date

Donald L. Smith
Print or Type Name of Officer

SR. V-P