CORPORATION ANNUAL REPORT 1995

DIVISION OF CORPORATIONS

95 APR 12 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H34941 (5)

1. Corporation Name

CORNERSTONE FINANCIAL ADVISORY, INC.

500001455315
-04/13/95--01017--002
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business
12629 New Brittany Blvd
~~4500 VIA ROYALE #~~ ~~P.O. 07465~~
FT. MYERS FL ~~33919-0465~~ 33907

Mailing Address
12629 New Brittany Blvd
~~4500 VIA ROYALE #~~ ~~P.O. 07465~~
FT. MYERS FL ~~33919-0465~~ 33907

12629 New Brittany Blvd

3. Date Incorporated or Qualified: 12/21/1984
3a. Date of Last Report: 02/25/1994

2. Principal Place of Business
21 12629 New Brittany Blvd
Suite, Apt. #, etc.
22 ~~PO 07465~~
City & State
23 Fort Myers, FL
Zip ~~33919-0465~~ 24
County 25 Lee

2a. Mailing Address 12629 New Brittany Blvd
26 ~~P.O. Box 07465~~
Suite, Apt. #, etc.
27
City & State
28 Fort Myers, FL
Zip 33907
County 30 Lee

4. FEI Number
~~59-1949526~~ 59-2592008
☐ 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

33907

9. Name and Address of Current Registered Agent

SWISHER, THOMAS J
~~4500 VIA ROYALE #~~ ~~P.O. 07465~~ 12629 NEW BRITTANY BLVD
~~FT. MYERS FL 33919-0465~~
33907

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD SWISHER, THOMAS J. 12629 New Brittany Blvd ~~4500 VIA ROYALE, #~~ ~~P.O. 07465~~ FT. MYERS FL ~~33919-0465~~ 33907	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~CT~~ Secretary NEWTON, SANDRA JO 12629 New Brittany Blvd ~~4500 VIA ROYALE, SUITE 1~~ ~~P.O. 07465~~ FT. MYERS FL ~~33919-0465~~ 33907	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☒ Change ☐ Addition Secretary Newton, Sandra Jo ~~P.O. Box 07465~~ 12629 New Brittany Blvd 33907 Fort Myers, FL ~~33919-0465~~
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Treasurer JILL A Wolfe-Johnson ~~P.O. 07465~~ 12629 New Brittany Blvd ~~Ft Myers FL 33919-0465~~ 33907	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☒ Addition Treasurer J. A. Wolfe-Johnson ~~P.O. Box 07465~~ 12629 New Brittany Blvd Fort Myers, FL 33907
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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: Thomas J Swisher 3-1-95 813 275 7733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

FW 4-12-95

0938830 CP