

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -3 AM 9:04

DOCUMENT # **N33827** (9)  
1. Corporation Name  
**CORNERSTONE/RIVERSIDE, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/22/1989</b>	3a. Date of Last Report <b>01/19/1994</b>
4. FEI Number <b>59-2964799</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business		Mailing Address	
<b>849 PARK STREET JACKSONVILLE FL 32204</b>		<b>849 PARK STREET JACKSONVILLE FL 32204</b>	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	25
		29	30

9. Name and Address of Current Registered Agent

**SCHEU, WILLIAM E.  
200 WEST FORSYTH ST.  
SUITE 1600  
JACKSONVILLE FL 32202**

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 re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>TPO</b>
NAME	<b>OVERLY, ROBERT, III</b>
STREET ADDRESS	<b>1458 EDGEWOOD CIR.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>TVD</b>
NAME	<b>SCHEU, WILLIAM E.</b>
STREET ADDRESS	<b>4333 VENETIA BLVD.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>TTD</b>
NAME	<b>WALLACE, WADDELL A., III</b>
STREET ADDRESS	<b>1630 GERALDINE DR.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>TD</b>
NAME	<b>ABERNATHY, JAMES H., JR.</b>
STREET ADDRESS	<b>1724 OLEANDER PL</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>TD</b>
NAME	<b>BANCKS, SUSAN</b>
STREET ADDRESS	<b>1754 S EDGEWOOD AVE.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(a), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: **William E. Schou, T/V/D,** 2/28/95 904/354-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR