## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Mar 13 1998 8:00am **PROFIT** LLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000056934 (9) **AEGIS-CORNERSTONE, INC.** Principal Place of Business Mailing Address 170-G COLLEGE DRIVE 170-G COLLEGE DRIVE **ORANGE PARK FL 32065 ORANGE PARK FL 32065** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/24/1995 2. Principal Place of Business 2a. Mading Address FEI Number Applied For 59-3334213 Not Applicable 21 Suite, Apt. #, etc Suile, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζip Country 8. This corporation owes or has paid the current wear Intangible Personal Property Tax due June 30. Yes No Country Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ARMISTEAD, DAWN M 170-G COLLEGE DRIVE 82 **ORANGE PARK FL 32085** 83 84 d 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered torida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered as of, Section 607.0505, Florida Statutes. 11. Pursuant to the office or regist agent. I am fa SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE Addition FRYE, DAWN A NAME 1.2 NAME 1389 QUEBEC CT STREET ADDRESS 1.3 STREET ADDRESS MIDDLEBURG FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition THILE 2.1 TITLE LARRY F SWANSON 22 NAME NAME 3228 ASTOR PL MA #11 STREET ADDRESS 23 STREET ADDRESS ORANGE PAR FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 31 TITLE TILLE ARMISTEAD, RICHARD D 3.2 NAME NAME 1863 ONTARIO CT STREET ADDRESS 3.3 STREET ADDRESS MIDDLEBURG FL 3.4. CITY-ST-ZIP CHY-ST-ZIP DILETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHTY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

2126/98

(904) 876-9890

14. Thereby certify that the information supplied with this filing does not quarky 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 natural report is tyle 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 unsteened to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted, or of an attaching with an address.

FILED