

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

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90068 013 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000056934**

1. Corporation Name  
**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**

4. FEI Number      Applied For  
**59-3334213**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Election Campaign Financing       **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.       Yes       No

2. Principal Place of Business      2a. Mailing Address  
 21 **20 KNIGHT BOX RD.**      26 **SAME AS**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 22 **#107**      27 **PRINCIPAL**  
 City & State      City & State  
 23 **ORANGE PARK, FL**      28  
 Zip      Country      Zip      Country  
 24 **32065**      25 **USA**      29      30

9. Name and Address of Current Registered Agent  
**FRYE, DAWN A**  
**351 CROSSINGS BLVD**  
**425**  
**ORANGE PARK FL 32073**

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

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>FRYE, DAWN A</b>
STREET ADDRESS	<b>351 CROSSINGS BLVD, #425</b>
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>LARRY F SWANSON</b>
STREET ADDRESS	<b>2703 RED FOX RD</b>
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ARMISTEAD, RICHARD D</b>
STREET ADDRESS	<b>351 CROSSINGS BLVD #726</b>
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>603 Cherry Grove Rd.</b>
1.4 CITY-ST-ZIP	<b>Orange Park, FL 32073</b>
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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *[Signature]*      2/25/99      (904) 296-9290  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (1/198)