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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT # 853573

### AEGIS SECURITY INSURANCE COMPANY

Principal Place of Business

Mailing Address

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

03-08-1999 90024 050 \*\*\*150.00



2589 INTERSTATE DRIVE 2589 INTERSTATE DRIVE HARRISBURG PA 17110 HARRISBURG PA 17110 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/27/1982 Applied For 2a. Mailing Address 2. Principal Place of Business 3153 Not Applicable 240T PARK DRIVE ₽.0. 23-2035821 Suite, Apt. #, etc. **\$8,75**\_Additional Suite, Apt. #, etc. 5. Certificate of Status Desired 200 Fee Required SUITE 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing HARRISBURG Added to Fees Trust Fund Contribution Country 8. This corporation owes the current year Intangible 17105 USA **⊠**No USA ☐ Yes Personal Property Tax. 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STATE INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) 82 CAPITOL BLDG. TALLAHASSEE FL 32301 83 Zip Code 85 City 84 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) CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ DELETE 1.1 TITLE TITLE 12 NAME NISSLEY, JOHN J 1620 PARKWAY WEST 1.3 STREET ADDRESS STREET ADORESS HARRISBURG, PA 00000 14 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME **DEBORAH A GOOD** NAME 2.3 STREET ADDRESS STREET ADDRESS 4283 WIMBLEDON DR HARRISBURG PA 17112 2.4 CITY-ST-ZIP CITY-ST-ZIP Change □ DELETE 3.1 TITLE TITLE CE0 MARTIN G. LANE JR 2407 PARK DRIVE LANE JR, MARTIN G 3.2 NAME NAME STREET ADORESS 2589 INTERSTATE DR 3.3 STREET ADDRESS HARRISBURG, PA 00000 3.4. CITY-ST-ZIF CITY-ST-ZIP Addition DOFFE 4.1 TITLE TITLE 4. 2 NAME NAME BRITTON, KENNETH R 4.3 STREET ADDRESS 329 S FRONT ST STREET ADDRESS WORMLEYSBURG PA 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME FRITZ. DARLEEN 5.3 STREET ADDRESS 1410 WATERFORD STREET ADDRESS 5.4 CITY-ST-ZIP CAMP HILL PA CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME THOMAS, RONALD K. NAME 6.3 STREET ADDRESS 525 CAROL STREET STREET ADDRESS CITY-ST-ZIP **NEW CUMBERLAND PA** 

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:

WILLIAM J. WILLIAMS TES NICE PRESIDENT RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR