

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

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1998 MAR 12 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **306537** (2)  
1. Corporation Name  
**RANCO AUTO INVESTMENT CORPORATION**

Principal Place of Business <b>4410 SWEET OWEN ROAD OWENTOWN KY 40359 US</b>	Mailing Address <b>4410 SWEET OWEN ROAD OWENTOWN KY 40359 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/01/1966</b>	
21		26		4. FEI Number <b>59-1144558</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent <b>MEARS, TERRISA 4051 S.W. 73 AVE DAVE FL 33314</b>				10. Name and Address of New Registered Agent	
				81 Name	<b>DONNA STEPHENSON</b>
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>8601 CABIN HILL RD</b>
				83	<b>TALLAHASSEE</b>
				84 City	<b>FL</b>
				85 Zip Code	<b>32311-8505</b>

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 **DONNA STEPHENSON** *Donna Stephenson* **3/12/98**  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	STV	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BENSON, NITA F.</b>			1.2 NAME			
STREET ADDRESS	<b>4410 SWEET OWEN ROAD</b>			1.3 STREET ADDRESS	<b>900002456749--8</b>		
CITY-ST-ZIP	<b>OWENTOWN KY 40359</b>			1.4 CITY-ST-ZIP	<b>-03/13/98--01088--018</b>		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<b>***158.75 ***158.75</b>		
NAME	<b>BENSON, ROWLAND T.</b>			2.2 NAME			
STREET ADDRESS	<b>4410 SWEET OWEN ROAD</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>OWENTOWN KY 40359</b>			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: *Nita F. Benson* **3-16-98 502-484-0665**

CR2E034 (10/97)