

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

FILED

Jan 26, 1999 8:00am  
Secretary of State

01-26-1999 90006 020 \*\*\*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 306537

1. Corporation Name

RANCO AUTO INVESTMENT CORPORATION

Principal Place of Business

4410 SWEET OWEN ROAD  
OWENTOWN KY 40359  
US

Mailing Address

4410 SWEET OWEN ROAD  
OWENTOWN KY 40359  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1966

4. FEI Number

59-1144558

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STV  
BENSON, NITA F.  
4410 SWEET OWEN ROAD  
OWENTOWN KY 40359

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
BENSON, ROWLAND T.  
4410 SWEET OWEN ROAD  
OWENTOWN KY, 40359

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[Faded text]

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[Faded text]

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[Faded text]

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[Faded text]

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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:

NITA F. BENSON

Date

1-7-99

Daytime Phone #

502-484-0665

CR2E034 (11/98)