FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 9:33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 629937 (4)

1. Corporate Name: THE CONE CORPORATION

Principal Place of Business: 5201 CONE ROAD, P.O. BOX 310167, TAMPA FL 33680

Mailing Address: 5201 CONE ROAD, P.O. BOX 310167, TAMPA FL 33680

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	07/18/1979
3a. Date of Last Report	05/01/1994
4. FEI Number	59-1925201 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired	[X] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes	[X] Yes ☐ No

2. Principal Place of Business (21) — 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) — Suite, Apt. #, etc. (27)
City & State (23) — City & State (28)
Zip (24) Country (25) — Zip (29) Country (30)

9. Name and Address of Current Registered Agent

CONE, DOUGLAS P
5201 CONE ROAD
TAMPA FL 33680

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] Douglas P. Cone 4/24/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	CD [X] Change ☐ Addition
NAME	CONE, DOUGLAS P	1 NAME	CONE, DOUGLAS P
STREET ADDRESS	5201 CONE ROAD	1 STREET ADDRESS	5201 CONE ROAD
CITY-ST-ZIP	TAMPA FL	1 CITY-ST-ZIP	TAMPA FL
TITLE	VDS	2 TITLE	PD [X] Change ☐ Addition
NAME	CONE, ASHLEY R	2 NAME	CONE, ASHLEY R
STREET ADDRESS	5201 CONE ROAD	2 STREET ADDRESS	5201 CONE ROAD
CITY-ST-ZIP	TAMPA FL	2 CITY-ST-ZIP	TAMPA FL
TITLE	ST	3 TITLE	☐ Change ☐ Addition
NAME	LEVENS, LINDA E (ASST S)	3 NAME	
STREET ADDRESS	5201 CONE ROAD	3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3 CITY-ST-ZIP	
TITLE	VD	4 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, ROBERT G	4 NAME	
STREET ADDRESS	5201 CONE ROAD	4 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4 CITY-ST-ZIP	
TITLE	T	5 TITLE	☐ Change ☐ Addition
NAME	CONE, ASHLEY R	5 NAME	
STREET ADDRESS	5201 CONE ROAD	5 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5 CITY-ST-ZIP	
TITLE	AS	6 TITLE	☐ Change ☐ Addition
NAME	TOZLOSKY, DAVID J.	6 NAME	
STREET ADDRESS	5201 CONE ROAD	6 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 [signature] ASHLEY R. CONE, PRESIDENT 4/24/95 (813) 623-2856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0444390 FP