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FILED

Apr 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 629937

(4)

1. Corporation Name

CONE & GRAHAM, INC.

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 33680-0167

3. Date Incorporated or Qualified  
07/18/1979

3a. Date of Last Report  
05/01/1996

4. FEI Number

59-1925201

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 has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 33610

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 33610

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

33610

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 CD  
NAME CONE, DOUGLAS P  
STREET ADDRESS 5201 CONE ROAD  
CITY - ST - ZIP TAMPA FL

DELETE

TITLE PD  
NAME CONE, ASHLEY R  
STREET ADDRESS 5201 CONE ROAD  
CITY - ST - ZIP TAMPA FL

DELETE

TITLE AS  
NAME LEVENS, LINDA E (ASST S)  
STREET ADDRESS 5201 CONE ROAD  
CITY - ST - ZIP TAMPA FL

DELETE

TITLE VD  
NAME GRAHAM, ROBERT G  
STREET ADDRESS 5201 CONE ROAD  
CITY - ST - ZIP TAMPA FL

DELETE

TITLE ST  
NAME CONE, ASHLEY R  
STREET ADDRESS 5201 CONE ROAD  
CITY - ST - ZIP TAMPA FL

DELETE

TITLE AS  
NAME TOZLOSKEY, DAVID J.  
STREET ADDRESS 5201 CONE ROAD  
CITY - ST - ZIP TAMPA FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 registrar 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS P. CONE 3-31-97 (913) 623-2856

CR2E034 (9/96)