


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

FILED  
May 13 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 # **G41660** (3)  
1. Corporation Name  
**CONE CONSTRUCTORS, INC.**



Principal Place of Business <b>6735 S. LOIS AVE. % DORTHA A THOMPSON, P.O. BOX 22869 TAMPA FL 33616-1625</b>	Mailing Address <b>6735 S. LOIS AVE. % DORTHA A THOMPSON, P.O. BOX 22869 TAMPA FL 33616-1625</b>
---	---

3. Date Incorporated or Qualified <b>06/01/1983</b>	3a. Date of Last Report <b>06/14/1996</b>
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-2295059</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THOMPSON, DORTHA A  
6735 SO LOIS AVENUE  
TAMPA FL 33616**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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

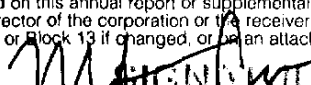
12. OFFICERS AND DIRECTORS

TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>CONE JR, J L</b>	
STREET ADDRESS	<b>6735 SO LOIS AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA, FL 00000</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>CONE, MICHAEL LEE</b>	
STREET ADDRESS	<b>6735 SO LOIS AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA, FL 00000</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>CONE, CHRISTOPHER DUANE</b>	
STREET ADDRESS	<b>6735 SO LOIS AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA, FL 00000</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMPSON, DORTHA A</b>	
STREET ADDRESS	<b>6735 S. LOIS AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33616-1625</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 as an attachment with an address.

SIGNATURE:  **MICHAEL L. CONE**

CR2E034 (9/96)