

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Mar 13 1998 8:00am
Secretary of State

DOCUMENT # **K03890** (6)
1. Corporation Name
RAINES & BONE ENTERPRISES, INC.

Principal Place of Business
**1412 INTREPID DR.
DELAND FL 32724**

Mailing Address
**1412 INTREPID DR.
DELAND FL 32724**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2861968	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BONE, MARSHALL B. (JR)
1412 INTREPID DR.
DELAND FL 32724**

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	1.1 TITLE	1.2 NAME
DS	BONE, MARSHALL J B	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
900 PINE TREE TERRACE		1.3 STREET ADDRESS	
DELAND FL		1.4 CITY-ST-ZIP	
DT	BONE, MARSHALL B JR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
900 PINE TREE TERRACE		2.1 TITLE	
DELAND FL		2.2 NAME	
DT	BONE, MARSHALL B JR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
900 PINE TREE TERRACE		2.3 STREET ADDRESS	
DELAND FL		2.4 CITY-ST-ZIP	
DV	COGGINS, LESLIE S.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
701 N KANIAS		3.1 TITLE	
DELAND FL		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		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: *Marshall B. Bone Jr.* **Marshall B. Bone Jr. 3-10-98 9047242494**

CR2E034 (1097)