FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000024351 (5)

1. Corporation Name
CONE & ASSOCIATES, INC.

Principal Place of Business
1269 LENORA DR
MERRIT ISLAND FL 32952

Mailing Address
1269 LENORA DR.
MERRIT ISLAND FL 32952

3. Date Incorporated or Qualified: 03/27/1995
3a. Date of Last Report:

4. FEI Number: 59-3316116 ☐ 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 1257 Lenora Drive
Suite, Apt. #, etc.
22
City & State
23 Merritt Island Fl.
Zip
24 32952
Country
25 Brevard

2a. Mailing Address
26 1257 Lenora Drive
Suite, Apt. #, etc.
27
City & State
28 Merritt Island, Fl.
Zip
29 32952
Country
30 Brevard

9. Name and Address of Current Registered Agent
CONE, AL J
125 N.E. FIRST AVE.
OCALA FL 34470

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 ____________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CONE, STEVEN H	
STREET ADDRESS	1269 LENORA DR.	
CITY-ST-ZIP	MERRIT ISLAND FL 32952	
TITLE	D	☐ DELETE
NAME	Christopher Eugene Thomas	
STREET ADDRESS	421 Moore Park Lane	
CITY-ST-ZIP	Merritt Island, Fl. 32952	
TITLE	D	☐ DELETE
NAME	Debra F. Thomas	
STREET ADDRESS	1257 Lenora Drive	
CITY-ST-ZIP	Merritt Island, Fl 32952	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1257 Lenora Drive	
1.4 CITY-ST-ZIP	Merritt Island, Fl. 32952	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Debra F. Thomas (signature) Debra F. Thomas 4/30/96 (407) 454-3491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)