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Jan 15 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 # **P95000024351 (5)**

1. Corporation Name
CONE & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1257 LENORA DRIVE MERRITT ISLAND FL 32952 US	1257 LENORA DRIVE MERRIT ISLAND FL 32952-5115 US

3. Date Incorporated or Qualified: 03/27/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 1257 Lenora Drive
Suite, Apt. #, etc. 22
City & State 23 Merritt Island, Fla.
Zip 24 32952 Country 25 Brevard

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

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

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

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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: Debra F. Thomas, Secretary DATE: 1-8-97
Signature, Typed or Printed Name of Individual and Title, if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CONE, STEVEN H		1.2 NAME	
STREET ADDRESS	1257 LENORA DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MERRIT ISLAND FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CHRISTOPHER EUGENE THOMAS		2.2 NAME	
STREET ADDRESS	421 MOORE PARK LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DEBRA F. THOMAS		3.2 NAME	
STREET ADDRESS	1257 LENORA DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: Debra F. Thomas Secretary — 1-8-97 — 454-3491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #