


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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000103257 (6) 1. Corporation Name RAY CONE AUTOMOTIVE, INC.		



Principal Place of Business 9314 S.W. 21ST AVENUE GAINESVILLE FL 32607	Mailing Address 9314 S.W. 21ST AVENUE GAINESVILLE FL 32607
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2832 D ne 20th way Suite, Apt. #, etc.		2a. Mailing Address 25 2832 D ne 20th way Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/04/1997	
22 City & State 23 Gainesville, FL Zip Country 24 32609 25 USA		27 City & State 28 Gainesville, FL Zip Country 29 32609 30 USA		4. FEI Number 59-3484059 Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BENNETT, GERALD T 9314 S.W. 21ST AVENUE GAINESVILLE FL 32607				10. Name and Address of New Registered Agent 81 Name Katherine C. Cone 82 Street Address (P.O. Box Number is Not Acceptable) 2832 D ne 20th way 83 84 City Gainesville FL 85 Zip Code 32609			
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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 *Katherine C. Cone, Secretary* *Katherine C. Cone* *4/30/98*
Signature, typed or printed name of registered agent and first if applicable (NCCL Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BENNETT, GERALD T		1.2 NAME Phillip R. Cone	
STREET ADDRESS 9314 S.W. 21ST AVENUE		1.3 STREET ADDRESS 2832 D ne 20th way	
CITY-ST-ZIP GAINESVILLE FL 32607		1.4 CITY-ST-ZIP Gainesville, FL 32609	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE Vice-Pres, Treas, Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Katherine C. Cone	
STREET ADDRESS		2.3 STREET ADDRESS 2832 D ne 20th way	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Gainesville, FL 32609	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *Katherine C. Cone* *Katherine C. Cone* *4/30/98* *2832 D ne 20th way*

CR2E034 (10/97)