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**Jan 17 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 # 827710 (5)
1. Corporation Name
LOREN COOK COMPANY



Principal Place of Business Mailing Address
2015 E. DALE STREET P. O. BOX 4047 GS SPRINGFIELD MO 65808

3. Date Incorporated or Qualified **03/28/1972** 3a. Date of Last Report **01/30/1996**
4. FEI Number **34-0673236** 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 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

12. OFFICERS AND DIRECTORS

TITLE	CPT <input type="checkbox"/> DELETE
NAME	COOK, GERALD
STREET ADDRESS	5632 S CASTLEBAY
CITY - ST - ZIP	SPRINGFIELD MO
TITLE	V <input type="checkbox"/> DELETE
NAME	PETERS, JACK
STREET ADDRESS	4141 E. WHITEHALL
CITY - ST - ZIP	SPRINGFIELD MO
TITLE	V <input type="checkbox"/> DELETE
NAME	COLWELL, VICTOR C.
STREET ADDRESS	2338 E. CAMBRIDGE
CITY - ST - ZIP	SPRINGFIELD MO
TITLE	SD <input type="checkbox"/> DELETE
NAME	COOK, KAY LYNN
STREET ADDRESS	5632 S CASTLEBAY
CITY - ST - ZIP	SPRINGFIELD MO
TITLE	VSD <input type="checkbox"/> DELETE
NAME	BURNEY, STEVE.
STREET ADDRESS	6453 N CRYSTAL VALLEY LN
CITY - ST - ZIP	SPRINGFIELD MO
TITLE	T <input type="checkbox"/> DELETE
NAME	COOK, PAULA
STREET ADDRESS	4151 E CRIGHTON
CITY - ST - ZIP	SPRINGFIELD MO

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vice President
3.3 STREET ADDRESS	COLWELL, VICTOR C.
3.4 CITY - ST - ZIP	2424 S MUMFORD, SPRINGFIELD MO
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, changed or on an attachment with an address.

SIGNATURE: x *Steve Burney* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/96)