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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 827710
 1. Corporation Name
LOREN COOK COMPANY

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-28) fields.

3. Date Incorporated or Qualified: 03/28/1972
 4. FEI Number: 34-0673236
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year intangible Personal Property Tax: Yes No

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 (81-85)

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CPT	NAME: COOK, GERALD	1.1 TITLE:	
STREET ADDRESS: 5632 S CASTLEBAY	CITY-ST-ZIP: SPRINGFIELD MO	1.2 NAME:	
TITLE: V	NAME: PETERS, JACK	1.3 STREET ADDRESS:	
STREET ADDRESS: 4141 E. WHITEHALL	CITY-ST-ZIP: SPRINGFIELD MO	1.4 CITY-ST-ZIP:	
TITLE: VP	NAME: COLWELL, VICTOR C.	2.1 TITLE:	
STREET ADDRESS: 2424 S. MUMFORD	CITY-ST-ZIP: SPRINGFIELD MO	2.2 NAME:	
TITLE: SD	NAME: COOK, KAY LYNN	2.3 STREET ADDRESS:	
STREET ADDRESS: 5632 S CASTLEBAY	CITY-ST-ZIP: SPRINGFIELD MO	2.4 CITY-ST-ZIP:	
TITLE: VSD	NAME: BURNEY, STEVE	3.1 TITLE:	
STREET ADDRESS: 6453 N CRYSTAL VALLEY LN	CITY-ST-ZIP: SPRINGFIELD MO	3.2 NAME:	
TITLE: T	NAME: COOK, PAULA	3.3 STREET ADDRESS:	
STREET ADDRESS: 4151 E CRIGHTON	CITY-ST-ZIP: SPRINGFIELD MO	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, with all other like empowered.

SIGNATURE: *Steve Burney* **Steve Burney** 01/21/99 417-869-6474

CR2E034 (11/98)