

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

**FILED**  
**Feb 13, 1999 8:00 am**  
**Secretary of State**

02-13-1999 90015 037 \*\*\*150.00

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

3. Date Incorporated or Qualified

**03/28/1972**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **CPT  
COOK, GERALD**  
STREET ADDRESS **5632 S CASTLEBAY**  
CITY-ST-ZIP **SPRINGFIELD MO**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **V  
PETERS, JACK**  
STREET ADDRESS **4141 E. WHITEHALL**  
CITY-ST-ZIP **SPRINGFIELD MO**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VP  
COLWELL, VICTOR C.**  
STREET ADDRESS **2424 S. MUMFORD**  
CITY-ST-ZIP **SPRINGFIELD MO**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD  
COOK, KAY LYNN**  
STREET ADDRESS **5632 S CASTLEBAY**  
CITY-ST-ZIP **SPRINGFIELD MO**

4.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME **VSD  
BURNES, STEVE**  
STREET ADDRESS **6453 N CRYSTAL VALLEY LN**  
CITY-ST-ZIP **SPRINGFIELD MO**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **T  
COOK, PAULA**  
STREET ADDRESS **4151 E CRIGHTON**  
CITY-ST-ZIP **SPRINGFIELD MO**

6.1 TITLE ☐ Change ☐ Addition

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 Burnes* **Steve Burnes**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/99

417-869-6474

Date

Daytime Phone #

CR2E034 (11/98)