



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90012 043 ***158.75

DOCUMENT # 804828

1. Entity Name
BATSON-COOK COMPANY



Principal Place of Business
**817 FOURTH AVE
WEST POINT, GA 31833**

Mailing Address
**817 FOURTH AVE
WEST POINT, GA 31833**

40015982



01042007 Chg-P CR2E034 (12/06)

4. FEI Number
58-0156270

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DST** ☐ Delete
NAME **HOOD, CECIL G**
STREET ADDRESS **603 21ST AVE, SW**
CITY-ST-ZIP **LANETT, AL**

TITLE **DP** ☐ Delete
NAME **MOODY, RAYMOND L**
STREET ADDRESS **303 VICTORIA DR**
CITY-ST-ZIP **LAGRANGE, GA**

TITLE **DC** ☐ Delete
NAME **GLOVER, EDMUND C.**
STREET ADDRESS **107 VICTORIA DR**
CITY-ST-ZIP **LAGRANGE, GA 30240**

TITLE **AS** ☒ Delete
NAME **MILES, RAY D.**
STREET ADDRESS **1802 9TH COURT SW**
CITY-ST-ZIP **LANETT, AL**

TITLE **VAS** ☐ Delete
NAME **GLOVER, J.L. JR.**
STREET ADDRESS **E. BROAD STREET**
CITY-ST-ZIP **NEWMAN, GA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Controller** ☐ Change ☒ Addition
NAME **Jeff Turner**
STREET ADDRESS **305 High Point Drive, LaGrange, GA**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeff Turner Secretary/Treasurer 1/26/2007 706-643-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #