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

12

CITY-ST-ZIP

SIGNATURE:

Feb 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (8)E.D. COOK LUMBER COMPANY, INC. Principal Place of Business Mailing Address 5901 BEGGS RD. 5901 BEGGS RD. LOCKHART FL 32810-9809 LOCKHART FL 32810-9609 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/01/1934 2. Principal Place of Business 2a. Mailing Address Applied For 59-0204417 Not Applicable 21 26 Suite. Apt. #. etc. Suite Ant #. oto \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible □ No 24 25 29 Personal Property Tax due June 30. XX Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COOK,G V 5901 BEGGS RD. 82 Street Address (P.O. Box Number is Not Acceptable) LOCKHART FL 32810 83 84 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. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) DATE CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Addition Change TITLE 1.1 TITLE COOK,G V NAME 1.2 NAME COUNTRY CLUB DR. STREET ADDRESS 1.3 STREET ADDRESS ALTAMONTE SPRINGS FL 1.4 CITY - ST-ZIP CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE LARSON, ELIZABETH NAME 2.2 NAME 7815 EMPIRE AVENUE STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 2 4 CITY - ST - ZIP CITY-ST-ZIP DE LE TE Change Addition TITLE 3 t TITLE AROIAN, HARRY 3.2 NAME NAME 500 GREELY AVE. 3.3 STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE 4.1 TITLE Change TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$T - ZIP CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE NAME 52 NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6 1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6 4 CITY-ST-2IP 14. Thereby 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 supplierrental normal 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.

Olinabeth Larson Elizabeth Larson

**FILED** 

1/30/98