

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 7:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 161058

(3)

1. Corporation Name

COOK LUMBER CO., INC.

Principal Place of Business

**E D COOK
1905 66TH ST
TAMPA FL 33619**

Mailing Address

**E D COOK
1905 66TH ST
TAMPA FL 33619**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/03/1950

3a. Date of Last Report
06/13/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number
59-0615005

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

9. Name and Address of Current Registered Agent

**COOK, G V
1905 66TH ST.
TAMPA FL 33619**

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

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

(NOTE: Registered Agent signature required when rendering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
COOK, G V
478 COUNTRY CLUB DRIVE
LONGWOOD FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V
MILLER, JOEL L
1928 E FLORA ST
TAMPA FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**ST
SMITH DONNA V
405 EAST WINDHORST ROAD
BRANDO FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
HUDER, WINIFRED C
1315 CLAY STREET
WINTER PARK FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
ANDERSON, GERALDINE C
1340 PELHAM ROAD
WINTER PARK FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐

Change

☐

Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐

Change

☐

Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐

Change

☐

Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐

Change

☐

Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐

Change

☐

Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐

Change

☐

Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joel L. Miller
Joel L. Miller

4-5-95.

813 626-1411

Date

Daytime Phone #