

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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

04/03/1950

3a. Date of Last Report

01/31/1996

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

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COOK, G V	
STREET ADDRESS	478 COUNTRY CLUB DRIVE	
CITY - ST - ZIP	LONGWOOD FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MILLER, JOEL L.	
STREET ADDRESS	1928 E FLORA ST	
CITY - ST - ZIP	TAMPA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SMITH DONNA V	
STREET ADDRESS	405 EAST WINDHORST ROAD	
CITY - ST - ZIP	BRANDON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUDER, WINIFRED C	
STREET ADDRESS	1315 CLAY STREET	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, GERALDINE C	
STREET ADDRESS	1340 PELHAM ROAD	
CITY - ST - ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	26360 Rosecrans Street
2.4 CITY - ST - ZIP	Brooksville, FL 34602
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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, as changed, or on an attachment with an address.

SIGNATURE:

Joel L. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joel L. Miller, Vice-President

4-23-97

813 626-1411

Date

Daytime Phone

0510006

CR2E034 (9/96)