

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90054 006 ***158.75

DOCUMENT # 161058

Corporation Name
COOK LUMBER CO., INC.



Principal Place of Business
66TH ST
FL 33619

Mailing Address
E D COOK
1905 66TH ST
TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

Cook Lumber Co., Inc. Cook Lumber Co., Inc.

Principal Place of Business
905 N. 66th Street
Tampa, FL 33619 Hillsborough
Country 25

2a. Mailing Address
1905 N. 66th Street
Tampa, FL 33619 Hillsborough
City & State 27
Country 29

3. Date Incorporated or Qualified
04/03/1950

4. FEI Number
59-0615005

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

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
Miller, Joel L.

82 Street Address (P.O. Box Number is Not Acceptable)
1905 N. 66th Street

83 City
Tampa, FL 33619

84 City
FL 85 Zip Code

I, the undersigned, being a resident qualified person in the State of Florida, do hereby certify that the information furnished on this form is true and accurate. I am a director, officer, or agent of the corporation, partnership, or other entity, and I am authorized to sign this form. I am not a director, officer, or agent of the corporation, partnership, or other entity, and I am not authorized to sign this form.

Signature of Registered Agent
Joel L. Miller
Joel L. Miller, President

2-2-99

DATE

(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD COOK, G V 478 COUNTRY CLUB DRIVE LONGWOOD FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V MILLER, JOEL L. 26360 ROSECRANS STREET BROOKSVILLE FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President/Owner Joel L. Miller 26360 Rosecrans Street Brooksville, FL 34602
ST SMITH DONNA V 405 EAST WINDHORST ROAD BRANDON FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D HUDER, WINIFRED C 1315 CLAY STREET WINTER PARK FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D ANDERSON, GERALDINE C 1340 PELHAM ROAD WINTER PARK FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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 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 12 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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

2-2-99

Date

813 626-1411

Daytime Phone #

CR2E034 (11/98)