FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **164367** **(5)**

1. Corporation Name

COOK FISH COMPANY

Principal Place of Business

~~WILLIAM T COOK~~
223 E BEACH DRIVE
PANAMA CITY FL 32401-3116

Mailing Address

223 E BEACH DR
PANAMA CITY FL 32401-3116
US

3. Date Incorporated or Qualified: **02/24/1951**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 [redacted]
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26 P. O. Box 548
Suite, Apt. #, etc.
27
City & State
28 Panama City F l
Zip 29 32402 | County 30 USA

4. FEI Number: **59-0643168** — 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

FARRELL, SAMUEL A.
180 DERBY WOODS DRIVE
LYNN HAVEN

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 Section 607.1005, 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. The 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICER(S) AND DIRECTOR(S)

TITLE	S	☐ DELETE
NAME	FARRELL, LISA C.	
STREET ADDRESS	180 DERBY WOODS DRIVE	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	P	☐ DELETE
NAME	FARRELL, SAMUEL A.	
STREET ADDRESS	180 DERBY WOODS DRIVE	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	S	☐ DELETE
NAME	FARRELL, LISA C.	
STREET ADDRESS	180 DERBY WOODS DR.	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change	☐ Addition
1a NAME		
1b STREET ADDRESS		
1c CITY-ST-ZIP		
2 TITLE	☐ Change	☐ Addition
2a NAME		
2b STREET ADDRESS		
2c CITY-ST-ZIP		
3 TITLE	☐ Change	☐ Addition
3a NAME		
3b STREET ADDRESS		
3c CITY-ST-ZIP		
4 TITLE	☐ Change	☐ Addition
4a NAME		
4b STREET ADDRESS		
4c CITY-ST-ZIP		
5 TITLE	☐ Change	☐ Addition
5a NAME		
5b STREET ADDRESS		
5c CITY-ST-ZIP		
6 TITLE	☐ Change	☐ Addition
6a NAME		
6b STREET ADDRESS		
6c CITY-ST-ZIP		

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing complies with the applicable requirements of Section 607.1005, 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 12 or Block 13 if changed or added above or on an attachment with an "X" in Block 13.

SIGNATURE: Lisa C Farrell 4-11-96 904/763-7648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number