

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

FILED
Sep 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 164367 (5)
1. Corporation Name
COOK FISH COMPANY

Principal Place of Business 233 E. BEACH DRIVE PANAMA CITY FL 32401-3116 US	Mailing Address P.O. BOX 648 PANAMA CITY FL 32402-0648 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/24/1951	3a. Date of Last Report 04/15/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-0643168		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, LISA C.	1.2 NAME	L. Cheryl Harris
STREET ADDRESS	180 DERBY WOODS DRIVE	1.3 STREET ADDRESS	4056 Woodridge Rd
CITY-ST-ZIP	LYNN HAVEN FL	1.4 CITY-ST-ZIP	Panama City, FL 32401
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	FARRELL, SAMUEL A.	2.2 NAME	
STREET ADDRESS	180 DERBY WOODS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, LISA C.	3.2 NAME	L. Cheryl Harris
STREET ADDRESS	180 DERBY WOODS DR.	3.3 STREET ADDRESS	4056 Woodridge Rd
CITY-ST-ZIP	LYNN HAVEN FL	3.4 CITY-ST-ZIP	Panama City, FL 32401
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 unchanged, or on an attachment with an address.

SIGNATURE _____ SIGNATURE REQUIRED _____

CR2E034 (9/96)