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

DOCUMENT # 274629

1. Corporation HOWARE) COOK - GENERAL CONTI	RACTOR, INC.					
Principal Place of Business Mailing Address					i idella lien canc araca arce maia harrante	#:E(B & (B B() B	MI 0:0:1 (00)
		3201 TUXEDO AVE WEST PALM BEACH FL 33405			DO NOT WRITE IN THI	S SPACE	
					10/11/1963		
Principal Place of Business 2a. Mailing Address					4. FEI Number		lied For
		26	1.11777		59-1022403		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
City & State		City & State		a Florida Compaign Figureing		<u> </u>	
		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 t Added to	- 1	
Zip				,	8. This corporation owes the current year Ir	ntangible	
24	25 29 30]		Personal Property Tax.	☐Yes	No No
	9. Name and Address of Curren	t Registered Agent		,	10. Name and Address of New Registered	l Agent 2	<u> </u>
	K II OADY		81	Name			
COOK, H. GARY 3201 TUXEDO AVENUE			82	Street Add	ress (P.O. Box Number is Not Acceptable)		_
WEST PALM BEACH FL: 33405			83				
VIEST FALIN DEACHTE SOFOS			03		·		
•			84	City	. FI	85 Zip C	ode
office or registered agent, or both, in the State of Florida. Such change was authorized by the corpuspent. 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)							
TITLE	PTD .	OFFICERS AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERO A	Change	Addition
NAME	COOK, H. GARY		1.2 NAME				
STREET ADDRESS	3201 TUXEDO AVE			TADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-S				
TITLE	SD	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	COOK, JANET M.		2.2 NAME				
STREET ADDRESS	3201 TUXEDO AVE	·	2.3 STREE	T ADDRESS			j
CITY-ST-ZIP	WEST PALM BEACH FL		2. 4 CITY-5	ST- ZIP	<u> </u>		
TITLE .		☐ DELETE	3.1 TITLE	1		Change	☐ Addition (
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		[] ocupre	3.4. CITY-5	ST-ZiP		☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE		•		
NAME			4. 2 NAME	- 1	•		.
STREET ADDRESS	and it was		4.3 STREE	T ADDRESS			
CITY-ST-ZIP TITLE	the state of the s	, 🔲 DELETÉ	5.1 TITLE	1-4F		Change	Addition
NAME			5.2 NAME			-	
STREET ADORESS			5.3 STREE	TADORESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			

CITY-ST-ZIP 14. I 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 if changed, or even attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Change

☐ Addition

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90159 022 ***150.00