

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90055 043 ***158.75

DOCUMENT # 324320

1. Corporation Name

M. C. COOK PAINTING & DECORATING, INC.

Principal Place of Business
4825 E. DARTMOUTH LANE
HERNANDO FL 34442-3444
US

Mailing Address
4825 E. DARTMOUTH LANE
HERNANDO FL 3442-444
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1967

4. FEI Number

59-1198354

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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, MICHAEL C
4825 E. DARTMOUTH LANE
HERNANDO FL 34442

10. Name and Address of New Registered Agent

81 Name CHARLES J. PONDER / THE BOOKKEEPER
82 Street Address (P.O. Box Number is Not Acceptable) P. ASSOC., INC.
83 2667-B N. FLORIDA AVE
84 City HERNANDO FL 85 Zip Code 34442

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

CHARLES J. PONDER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/99

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input checked="" type="checkbox"/> DELETE
NAME	COOK, RUSSINDA	
STREET ADDRESS	4825 E. DARTMOUTH LANE	
CITY-ST-ZIP	HERNANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PDST
2.3 STREET ADDRESS	Michael C. Cook
2.4 CITY-ST-ZIP	4825 E. Dartmouth Lane Hernando FL 34442
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	Georgianna Cook
3.4 CITY-ST-ZIP	455 N. Corbin Ave. Inverness, FL 34453
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP
4.3 STREET ADDRESS	James Wade Thompson
4.4 CITY-ST-ZIP	5511 S. Will Pt. Homesassa, FL 34446
5.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael C. Cook

Michael C. Cook 4-29-99 (352) 6376154

Date

Daytime Phone #

CR2E034 (11/98)