

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 # 407248 (4)

1. Corporation Name
J. KINSON COOK, INCORPORATED



Principal Place of Business Mailing Address
5121 W PENSACOLA ST TALLAHASSEE FL 32304-9012
5121 W PENSACOLA ST TALLAHASSEE FL 32304-9012

3. Date Incorporated or Qualified 08/21/1972
3a. Date of Last Report 01/19/1995

2. Principal Place of Business
21 440 CAPITAL CIRCLE, N.W.
Suite, Apt. #, etc.
22 TALLAHASSEE, FL 32304
City & State
23
24 Zip 32304 25 Country LEON
26 440 CAPITAL CIRCLE, N.W.
Suite, Apt. #, etc.
27 TALLAHASSEE, FL 32304
City & State
28
29 Zip 32304 30 Country LEON

4. FEI Number 59-1425616
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
KUBIK, STEPHEN J
155 OFFICE PLZ DR
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name DAVID A. BARRETT
82 Street Address (P.O. Box Number is Not Acceptable) 111 SOUTH MONROE STREET, SUITE 3000
83 P. O. BOX 930 32302-0930
84 City TALLAHASSEE FL 85 Zip Code 32301

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 *David A. Barrett* DAVID A. BARRETT 2-27-96
Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COOK, J KINSON	
STREET ADDRESS	5121 W PENSACOLA ST	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	COOK, L. FINLEY	
STREET ADDRESS	5121 W PENSACOLA ST	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	COOK, J. KINSON JR.	
STREET ADDRESS	5121 W PENSACOLA ST	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	COOK, SIDNEY L.	
STREET ADDRESS	5121 W. PENSACOLA ST.	
CITY - ST - ZIP	TALLAHASSEE FL	
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	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COOK, J. KINSON	
1.3 STREET ADDRESS	440 CAPITAL CIRCLE, N.W.	
1.4 CITY - ST - ZIP	TALLAHASSEE, FL 32304	
2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	COOK, DIANA D.	
2.3 STREET ADDRESS	440 CAPITAL CIRCLE, N.W.	
2.4 CITY - ST - ZIP	TALLAHASSEE, FL 32304	
3.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	COOK, J. KINSON JR.	
3.3 STREET ADDRESS	440 CAPITAL CIRCLE, N.W.	
3.4 CITY - ST - ZIP	TALLAHASSEE, FL 32304	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 recipient 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.

SIGNATURE: *J. Kinson Cook, Jr.* J. KINSON COOK, JR. 2/27/96 904/576-0119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)