Applied For

Not Applicable

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 427737

1. Corporation Name

**COOK INVESTMENT CORPORATION** 

Principal	Place of Business	

Mailing Address

P.O. BOX 6006 PENSACOLA FL 32503

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2. Principal Place of Business

P.O. BOX 6006 PENSACOLA FL 32503

2a. Mailing Address

26

## FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90018 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

06/12/1973

59-1480224

4. FEI Number

City & State    City   Country   State   Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
Zip Country Zip Country B. This corporation owes the current year inamplible Personal Property Tax.    Yes   No    9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent    COOK, BYRON M.    17 ST. JOHN ST		9	City & State		
10. Name and Address of Current Registered Agent		_ ′	Zip	<del>_</del> '	8. This corporation owes the current year Intangible Personal Property Tax.
COOK, BYRON M. 17 ST. JOHN ST PENSACOLA FL 32503  14 City FL 85 Zip Code 15 Zip Code 16 City FL 85 Zip Code 16 City FL 85 Zip Code 16 City FL 85 Zip Code 17 Limber 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  18  OFFICERS AND DIRECTORS 19 COOK, BYRON M.  STREET ADDRESS 10 COOK, BYRON M.  17 ST. JOHN ST 10 Change Addition 17 ST. JOHN ST 10 Change Addition 18 STREET ADDRESS 19 CHANGESS 10 CHANGES 10 CHANGES 10 CHANGES 10 CHANGES 11 CHANGES 11 CHANGES 12 STREET ADDRESS 12 STREET ADDRESS 13 STREET ADDRESS 14 CITY-ST-ZP 15 CHANGES 15 STREET ADDRESS 16 STREET ADDRESS 17 ST-ZP 17 CHANGES 17 ST-ZP 17 CHANGES 18 STREET ADDRESS 18 STREET ADDRESS 19 STREET ADDRESS 19 STREET ADDRESS 19 STREET ADDRESS 10	_	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
T1. 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 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 office or registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  T12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  OCOK, BYRON M.  117 ST. JOHN ST  PENSACOLA FL 32503  11. CITY-ST. 3P  PENSACOLA FL 32503  11. CITY-ST. 3P  TITLE  OCITY-ST. 3P  OCITY-ST. 3P  TITLE  OCI	COOK, BYRON M. 17 ST. JOHN ST			82 Street A	Address (P.O. Box Number is Not Acceptable)
TI. Pursuant to the provisions of Socions 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the pursuant 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, 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 agent, a minimal and registered agent agent are too if agents.  SIGNATURE  12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE   OOK, BYRON M.	PENS	SACULA FL 32003		83	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Inereby accept the appointment as registered agent, and accept the obligations of, Section 807/505. Floridal Stateties.    SIGNATURE	-			84 City	FL 85 Zip Code
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	office or re agent. I an	egistered agent, or both, in the State on the miliar with, and accept the obligate the obligate and the control of the control	of Florida. Such change was aut ions of, Section 607.0505, Florid	horized by the corpor la Statutes.	ration's board of directors. I hereby accept the appointment as registered
TITLE					
COOK, BYRON M.   12 NAME   13 STREET ADDRESS   117 ST. JOHN ST   13 STREET ADDRESS   117 ST. JOHN ST   14 CTIV-ST-ZIP   CTIV-S					
117 ST. JOHN ST		•	□ pere₁e		C) olialigo C, rosman
CITY.ST-ZP	NAME				
TITLE	STREET ADDRESS		,	1.3 STREET ADDRESS	
NAME	CITY-ST-ZIP	PENSACOLA FL 32503		1.4 CITY-ST-ZIP	
STREET ADDRESS   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP     TITLE	TITLE		☐ DELETE	2.1 TITLE	[] Change [] Addition
CITY-ST-ZIP	NAME			2.2 NAME	
CITY-ST-ZIP	STREET ADDRESS			2.3 STREET ADDRESS	
TITLE	ì			2.4 CITY-ST-ZIP	
NAME	$\overline{}$		□ DELETE		☐ Change ☐ Addition
STREET ADDRESS				3.2 NAME	
STREET ADDRESS   SA. CITY-ST-ZIP   Addition   Change   Addition					
TITLE					
NAME			□ DELETE		Change Addition
A3 STREET ADDRESS   A4 CITY- ST- ZIP   A4 CITY- ST- ZIP   Change   Addition	1		<u></u>		
A4CITY-ST-ZIP				1	
### DELETE   5.1 TITLE   Change   Addition	STREET ADDRESS				
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5.4 CITY-ST-ZIP	NAME			1	
TITLE   DELETE   6.1 TITLE   Change   Addition   NAME   6.2 NAME   STREET ADDRESS   6.3 STREET ADDRESS	STREET ADDRESS				
NAME  52 NAME  53 STREET ADDRESS  63 STREET ADDRESS	CITY-ST-ZIP			1	
STREET ADDRESS 6.3 STREET ADDRESS	TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
STREET ALUKESS	NAME			6.2 NAME	
A A COTA OT THE	STREET ADDRESS			6.3 STREET ADDRESS	
	CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filling 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 of 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 clanged, or on an attachment with a yaddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TOPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

3/29/99 Date

Daytime Phone #

D2F034 (11/08