

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **533772** (0)

1. Corporation Name

COOKHAM CORPORATION

Principal Place of Business

**4250 LAKESIDE DR
STE 208
JACKSONVILLE FL 3
US**

Mailing Address

**P O BOX 22
ORTEGA STATION
JACKSONVILLE FL 32210
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/12/1977

3a. Date of Last Report

04/20/1994

4. FEI Number

59-1737465

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 has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

7m

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HELMICK, JOHN P
4250 LAKESIDE DR #208
JACKSONVILLE FL 32210**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BROWN, MRS C N
STREET ADDRESS	4250 LAKESIDE DR #208
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	VD
NAME	HELMICK, JOHN P
STREET ADDRESS	4250 LAKESIDE DR #208
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	PTD
NAME	BROWN, LILA BYRD
STREET ADDRESS	4250 LAKESIDE DR #208
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	VSD
NAME	BROWN, BARRETT
STREET ADDRESS	4250 LAKESIDE DR #208
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	AS
NAME	HELMICK, EMILY S
STREET ADDRESS	4250 LAKESIDE DR #208
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DECEASED	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ 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 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.

SIGNATURE:

Barrett Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barrett Brown

Date

4/25/95

Signature

989-73A