

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 # 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**



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
05/12/1977	04/27/1995
4. FET Number	Applied For
59-1737465	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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 changing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	AV
NAME	HELMICK, JOHN P	1.2 NAME	Helmick, Marc A.
STREET ADDRESS	4250 LAKESIDE DR #208	1.3 STREET ADDRESS	4250 Lakeside Drive #208
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	PTD	2.1 TITLE	AV
NAME	BROWN, LILA BYRD	2.2 NAME	Helmick, Claudette B.
STREET ADDRESS	4250 LAKESIDE DR #208	2.3 STREET ADDRESS	4250 Lakeside Drive #208
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	VSD	3.1 TITLE	
NAME	BROWN, BARRET	3.2 NAME	
STREET ADDRESS	4250 LAKESIDE DR #208	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	
NAME	HELMICK, EMILY S	4.2 NAME	
STREET ADDRESS	4250 LAKESIDE DR #208	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Barret Brown* **BARRET BROWN** 3/18/96 (904) 387-7340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display Phone

CR2E034 (12/95)