

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90241 028 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 635907**

1. Corporation Name  
**THE WILLIAM COOK AGENCY, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 225 WATER ST. SUITE #1600  
 JACKSONVILLE FL 32202

Mailing Address  
 225 WATER ST. SUITE #1600  
 JACKSONVILLE FL 32202

3. Date Incorporated or Qualified  
**09/12/1979**

4. FEI Number  
**59-1933129**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

9. Name and Address of Current Registered Agent  
**BRANT, MOORE, SAPP, MACDONALD & WELLS PA**  
**50 N LAURA ST., SUITE 3100**  
**BARNETT CENTER**  
**JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKERS, SAMUEL H	1.2 NAME	
STREET ADDRESS	2913 WESTSIDE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANT, WILLIAM P.	2.2 NAME	
STREET ADDRESS	50 N LAURA ST., #3100	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, AL L.	3.2 NAME	
STREET ADDRESS	50 N LAURA ST., #3100	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	CCEO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDINGS, J. CARSON	4.2 NAME	
STREET ADDRESS	225 WATER ST., #1600	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	VCTD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRAMM JR., BERNARD C.	5.2 NAME	
STREET ADDRESS	225 WATER STREET, #1600	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTON, LURA	6.2 NAME	
STREET ADDRESS	225 WATER ST., #1600	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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: Lura Ann Benton 4/29/99 904/353-3911  
 LURA ANN BENTON, PRESIDENT OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

PROFIT CORPORATION  
ANNUAL REPORT  
1999

537860-90241-28  
635907

ADDENDUM TO  
DOCUMENT NO. 635907

THE WILLIAM COOK AGENCY, INC.

12. OFFICERS AND DIRECTORS

<b>Title</b> <b>Name</b> <b>Street Address</b> <b>City-State-Zip</b>	<b>EVP</b> <b>Michael Russell</b> <b>225 Water Street, Ste. 1600</b> <b>Jacksonville, FL 32202</b>	<input type="checkbox"/> <b>DELETE</b>
<b>Title</b> <b>Name</b> <b>Street Address</b> <b>City-State-Zip</b>	<b>Sr. V</b> <b>Stanley Norton</b> <b>225 Water Street, Ste. 1600</b> <b>Jacksonville, FL 32202</b>	<input type="checkbox"/> <b>DELETE</b>
<b>Title</b> <b>Name</b> <b>Street Address</b> <b>City-State-Zip</b>	<b>Sr. V</b> <b>James Radcliffe</b> <b>225 Water Street, Ste. 1600</b> <b>Jacksonville, FL 32202</b>	<input type="checkbox"/> <b>DELETE</b>
<b>Title</b> <b>Name</b> <b>Street Address</b> <b>City-State-Zip</b>	<b>Sr. V</b> <b>Edwin Flemming</b> <b>225 Water Street, Ste. 1600</b> <b>Jacksonville, FL 32202</b>	<input type="checkbox"/> <b>DELETE</b>
<b>Title</b> <b>Name</b> <b>Street Address</b> <b>City-State-Zip</b>	<b>V/CFO</b> <b>Stephen D. Golden</b> <b>225 Water Street, Ste. 1600</b> <b>Jacksonville, FL 32202</b>	<input type="checkbox"/> <b>DELETE</b>
<b>Title</b> <b>Name</b> <b>Street Address</b> <b>City-State-Zip</b>	<b>V</b> <b>Bill Weaver</b> <b>225 Water Street, Ste. 1600</b> <b>Jacksonville, FL 32202</b>	<input type="checkbox"/> <b>DELETE</b>

PROFIT CORPORATION  
ANNUAL REPORT  
1999

537860-9024-28  
635907

ADDENDUM TO  
DOCUMENT NO. 635907

THE WILLIAM COOK AGENCY, INC.

12. - Continued

<b>Title</b> <b>Name</b> <b>Street Address</b> <b>City-State-Zip</b>	<b>V</b> <b>Roger Schillig</b> <b>225 Water Street - Ste. 1600</b> <b>Jacksonville, FL 32202</b>	<input type="checkbox"/> <b>DELETE</b>
<b>Title</b> <b>Name</b> <b>Street Address</b> <b>City-State-Zip</b>	<b>V</b> <b>Rebecca Thames</b> <b>225 Water Street - Suite 1600</b> <b>Jacksonville, FL 32202</b>	<input type="checkbox"/> <b>DELETE</b>
<b>Title</b> <b>Name</b> <b>Street Address</b> <b>City-State-Zip</b>	<b>V</b> <b>Martin Lynch</b> <b>225 Water Street - Ste. 1600</b> <b>Jacksonville, FL 32202</b>	<input type="checkbox"/> <b>DELETE</b>
<b>Title</b> <b>Name</b> <b>Street Address</b> <b>City-State-Zip</b>	<b>V</b> <b>Pamela Kennedy</b> <b>225 Water Street - Ste. 1600</b> <b>Jacksonville, FL 32202</b>	<input type="checkbox"/> <b>DELETE</b>
<b>Title</b> <b>Name</b> <b>Street Address</b> <b>City-State-Zip</b>	<b>V</b> <b>E. Donald Stokes</b> <b>225 Water Street - Ste. 1600</b> <b>Jacksonville, FL 32202</b>	<input type="checkbox"/> <b>DELETE</b>