

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

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

**DOCUMENT # 635907**

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

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/12/1979**

4. FEI Number

**59-1933129**

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 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 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRANT, MOORE, SAPP, MACDONALD & WELLS PA**  
**50 N LAURA ST., SUITE 3100**  
**BARNETT CENTER**  
**JACKSONVILLE FL 32202**

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

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 **D** ☐ DELETE  
NAME **VICKERS, SAMUEL H**  
STREET ADDRESS **2913 WESTSIDE BLVD.**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **ASD** ☐ DELETE  
NAME **BRANT, WILLIAM P.**  
STREET ADDRESS **50 N LAURA ST., #3100**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **SD** ☐ DELETE  
NAME **SCHNEIDER, AL L.**  
STREET ADDRESS **50 N LAURA ST., #3100**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **CCEO** ☐ DELETE  
NAME **EDDINGS, J. CARSON**  
STREET ADDRESS **225 WATER ST., #1600**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VCTD** ☐ DELETE  
NAME **SCHRAMM JR., BERNARD C.**  
STREET ADDRESS **225 WATER STREET, #1600**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **P** ☐ DELETE  
NAME **BENTON, LURA**  
STREET ADDRESS **225 WATER ST., #1600**  
CITY-ST-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ 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 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*  
LURA ANN BENTON, PRESIDENT

4/29/99

Date

904/353-3911

Daytime Phone #

CR2E034 (11/98)

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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"/> DELETE
<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"/> DELETE
<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"/> DELETE
<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"/> DELETE
<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"/> DELETE
<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"/> DELETE

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THE WILLIAM COOK AGENCY, INC.

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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"/> DELETE
<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"/> DELETE
<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"/> DELETE
<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"/> DELETE
<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"/> DELETE