

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90054 050 ***150.00

DOCUMENT # 635907

1. Entity 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 32202-5149
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1933129		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRANT, MOORE, SAPP, MACDONALD & WELLS PA 50 N LAURA ST., SUITE 3100 BARNETT CENTER JACKSONVILLE FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICKERS, SAMUEL H 2913 WESTSIDE BLVD. JACKSONVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD BRANT, WILLIAM P. 50 N LAURA ST., #3100 JACKSONVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHNEIDER, AL L. 50 N LAURA ST., #3100 JACKSONVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO EDDINGS, J. CARSON 225 WATER ST., #1600 JACKSONVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEOD Eddings, J. Carson 225 Water St., Suite 1600 Jacksonville, FL 32202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCTD SCHRAMM JR., BERNARD C. 225 WATER STREET, #1600 JACKSONVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schramm, Jr., Bernard C. 225 Water Street, #1600 Jacksonville, FL 32202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENTON, LURA 225 WATER ST., #1600 JACKSONVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC D Benton, Lura 225 Water St., Suite 1600 Jacksonville, FL 32202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ April 18, -2000 904/353-3911

SIGNATURE AND ADDRESS OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR/E034 (9/99)

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ADDENDUM TO
DOCUMENT NO. 635907

D0039001

11. Officers and Directors		12. Additions/Changes to Officers & Directors in 11	
Title Name Street Address City-State-Zip	EVP <input type="checkbox"/> DELETE Michael Russell 225 Water Street, Ste. 1600 Jacksonville, FL 32202	Title Name Street Address City-State-Zip	P/D <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION Michael Russell 225 Water Street, Ste. 1600 Jacksonville, FL 32202
Title Name Street Address City-State-Zip	EVP <input type="checkbox"/> DELETE Stanley Norton 225 Water Street, Ste. 1600 Jacksonville, FL 32202		
Title Name Street Address City-State-Zip	Sr.V <input type="checkbox"/> DELETE James Radcliffe D225 Water Street, Ste. 1600 Jacksonville, FL 32202	Title Name Street Address City-State-Zip	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
Title Name Street Address City-State-Zip	Sr. V <input type="checkbox"/> DELETE Edwin Flemming 225 Water St., Ste. 1600 Jacksonville, FL 32202	Title Name Street Address City-State-Zip	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
Title Name Street Address City-State-Zip	V/CFO <input type="checkbox"/> DELETE Stephen D. Golden 225 Water St., St. 1600 Jacksonville, FL 32202	Title Name Street Address City-State-Zip	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
Title Name Street Address City-State-Zip	V <input type="checkbox"/> DELETE Bill Weaver 225 Water St., Ste. 1600 Jacksonville, FL 32202	Title Name Street Address City-State-Zip	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
Title Name Street Address City-State-Zip	V <input type="checkbox"/> DELETE Roger Schillig 225 Water St., Suite 1600 Jacksonville, FL 32202	Title Name Street Address City-State-Zip	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
Title Name Street Address City-State-Zip	V <input type="checkbox"/> DELETE Rebecca Thames 225 Water St., Suite 1600 Jacksonville, FL 32202	Title Name Street Address City-State-Zip	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
Title Name Street Address City-State-Zip	V <input checked="" type="checkbox"/> DELETE Martin Lynch 225 Water St., Suite 1600 Jacksonville, FL 32202		
Title Name Street Address City-State-Zip	V <input type="checkbox"/> DELETE Pamela Kennedy 225 Water St., Suite 1600 Jacksonville, FL 32202	Title Name Street Address City-State-Zip	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
Title Name Street Address City-State-Zip	V <input type="checkbox"/> DELETE E. Donald Stokes 225 Water St., Suite 1600 Jacksonville, FL 32202	Title Name Street Address City-State-Zip	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
Title Name Street Address City-State-Zip		Title Name Street Address City-State-Zip	SV <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION Lare Arra 225 Water St., Ste. 1600 Jacksonville, FL 32202
Title Name Street Address City-State-Zip		Title Name Street Address City-State-Zip	V <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION Pat DiPietro 225 Water St., Ste. 1600 Jacksonville, FL 32202