

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

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90182 010 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 649638

1. Corporation Name  
COOK BROTHERS, INC.

Principal Place of Business  
5187 WOODLANE CIRCLE  
TALLAHASSEE FL 32303

Mailing Address  
5187 WOODLANE CIRCLE  
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1980

4. FEI Number

59-2071294

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARRETT, HOFFMAN & HALL P  
111 SOUTH MONROE ST  
SUITE 3000  
TALLAHASSEE FL 32301

81 Name Barrett + Pelham, P.A.

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME COOK, S. LAMONT  
STREET ADDRESS 3003 SHARER ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32301

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME 653 Forest Lair  
1.3 STREET ADDRESS Tallahassee, Florida 32312  
1.4 CITY-ST-ZIP

TITLE VSTD ☐ DELETE  
NAME COOK, L. FINLEY  
STREET ADDRESS RT. 3 BOX 2966  
CITY-ST-ZIP QUINCY FL 32351

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME 405 N. 14th Street  
2.3 STREET ADDRESS Quincy, Florida 32351  
2.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME WOODWARD, HAYES  
STREET ADDRESS 309 N. JACKSON STREET  
CITY-ST-ZIP QUINCY FL 32351

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

(850) 514-1006

Date

Daytime Phone #

CR2E034 (11/98)