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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **844466** **(3)**

1. Corporation Name

JAMES R. COOK BUILDERS, INC.

Principal Place of Business	Mailing Address
R. R. 5 P. O. BOX 886 JACKSONVILLE IL 62650 US	1126 WALL ST P. O. BOX 886 JACKSONVILLE IL 62650 US

2. Principal Place of Business	2a. Mailing Address
21 R. R. 5	26 1126 Wall Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, Ill.	City & State 28 Jacksonville, Ill.
Zip / Country 24 62650 / 25 Morgan	Zip / Country 29 62650 / 30 Morgan

3. Date Incorporated or Qualified: 10/29/1979

3a. Date of Last Report: 05/01/1995

4. FEI Number: 37-1046880 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, type or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature required for name change) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COOK, JAMES R.		1.2 NAME	
STREET ADDRESS	R. R. 5		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE IL		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COOK, EVA JEAN		2.2 NAME	
STREET ADDRESS	R. R. 5		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE IL		2.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MANN, JOHN A.		3.2 NAME	
STREET ADDRESS	226 W STATE		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE IL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 added in an attachment with an address.

SIGNATURE: Eva Jean Cook 3/30/96 (217) 243-6431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Eva Jean Cook Sec.-Treas. — Date — Daytime Phone #