

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002984

Entity Name: BATSON-COOK OF TAMPA, INC.

FILED
Jan 09, 2009
Secretary of State

Current Principal Place of Business:

817 FOURTH AVENUE
WEST POINT, GA 31833

New Principal Place of Business:

Current Mailing Address:

P O BOX 151
WEST POINT, GA 31833

New Mailing Address:

FEI Number: 59-2739275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: GLOVER, EDMUND C
Address: P.O. BOX 151
City-St-Zip: WEST POINT, GA 31833

Title: VAS () Delete
Name: NELSON, FRANK
Address: 101 EAST KENNEDY BLVD., SUITE 1750
City-St-Zip: TAMPA, FL 33602

Title: DST () Delete
Name: HOOD, CECIL G
Address: P.O. BOX 151
City-St-Zip: WEST POINT, GA 31833

Title: DP () Delete
Name: EVERS, C. SCOTT
Address: 101 EAST KENNEDY BLVD., SUITE 1750
City-St-Zip: TAMPA, FL 33602

Title: DV () Delete
Name: GLOVER, J. LITTLETON JR.
Address: 10 BROWN STREET
City-St-Zip: NEWMAN, GA 30264

Title: DVAS () Delete
Name: MOODY, RAYMOND L JR.
Address: P.O. BOX 151
City-St-Zip: WEST POINT, GA 31833

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDMUND C. GLOVER

DC

01/09/2009

Electronic Signature of Signing Officer or Director

Date