

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F16780** (1)
1. Corporation Name
COOK/SARASOTA MOVING SYSTEMS, INC.



Principal Place of Business: **4505 30TH ST W BRADENTON FL 34207-8004**
Mailing Address: **4505 30TH ST W BRADENTON FL 34207-8004**

3. Date Incorporated or Qualified: **01/30/1981**
3a. Date of Last Report: **07/26/1995**
4. FEI Number: **59-2061901**
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GLENN, ROBERT J~~
5105 W CLIFTON ST
TAMPA FL 33634

81 Name: **DENNIS HOLLAND**
82 Street Address: **5105 W CLIFTON ST**
83 City: **TAMPA**
84 State: **FL**
85 Zip Code: **33634**

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(3), 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 607.05(3), Florida Statutes.

SIGNATURE: *[Signature]* **DENNIS HOLLAND** DATE: **4/12/96**

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	FIERLE, GREGORY R	
STREET ADDRESS	4639 WINDING WOODS	
CITY-STATE-ZIP	HAMBURG NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CONLEY, JOSEPH	
STREET ADDRESS	259 WASHINGTON HWY	
CITY-STATE-ZIP	SNYDER NY	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GLENN, ROBERT	
STREET ADDRESS	1422 HOUNDS HOLLOW CT.	
CITY-STATE-ZIP	LUTZ FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REAGAN, BARBARA	
STREET ADDRESS	S 5294 LAKESHORE RD	
CITY-STATE-ZIP	HAMBURG NY	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BERG, NORM	
STREET ADDRESS	41 CHEDWEL RD BOX 41	
CITY-STATE-ZIP	MAPLE SPRINGS NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAINES, KEN	
STREET ADDRESS	11 COBBLESTONE CT	
CITY-STATE-ZIP	ORCHARD PARK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Gregory Fierle** DATE: **4/10/96** 716 8246630

CR2E034 (12/95)