

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

**FILED**

**Apr 25 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F16780 (1)**  
 1. Corporation Name  
**COOK/SARASOTA MOVING SYSTEMS, INC.**



Principal Place of Business <b>4505 30TH ST W BRADENTON FL 34207-8004</b>	Mailing Address <b>4505 30TH ST W BRADENTON FL 34207-1004</b>
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3. Date Incorporated or Qualified <b>01/30/1981</b>	3a. Date of Last Report <b>04/22/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	25. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number <b>59-2061901</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**DENNIS HOLLAND  
 5105 W CLIFTON ST  
 TAMPA FL 33634**

10. Name and Address of New Registered Agent  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FIERLE, GREGORY R</b>	1.2 NAME	<b>D</b>
STREET ADDRESS	<b>4639 WINDING WOODS</b>	1.3 STREET ADDRESS	<b>4639 Winding Woods</b>
CITY-ST-ZIP	<b>HAMBURG NY</b>	1.4 CITY-ST-ZIP	<b>HAMBURG, NY 14075</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONLEY, JOSEPH</b>	2.2 NAME	
STREET ADDRESS	<b>259 WASHINGTON HWY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SNYDER NY</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLENN, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>1422 HOUNDS HOLLOW CT.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LUTZ FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REAGAN, BARBARA</b>	4.2 NAME	
STREET ADDRESS	<b>S 5294 LAKESHORE RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HAMBURG NY</b>	4.4 CITY-ST-ZIP	
TITLE	<b>C</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERG, NORM</b>	5.2 NAME	
STREET ADDRESS	<b>41 CHEWEL RD BOX 41</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MAPLE SPRINGS NY</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAINES, KEN</b>	6.2 NAME	
STREET ADDRESS	<b>11 COBBLESTONE CT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORCHARD PARK NY</b>	6.4 CITY-ST-ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *Gregory Fierle* **Gregory Fierle** 2/27/97 716 8246630  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)