

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 # H02182

(4)

1. Corporation Name

COOK MOVING SYSTEMS, INC.



Principal Place of Business

% ROBERT J. GLENN  
10491 GANDY BLVD.  
ST. PETERSBURG FL 33702-9394

Mailing Address

% ROBERT J. GLENN  
10491 GANDY BLVD.  
ST. PETERSBURG FL 33702-9394

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

05/04/1984

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2422634

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

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

10. Name and Address of New Registered Agent

81 Name DENNIS HOLLAND  
82 Street Address (P.O. Box Number is Not Acceptable) 5105 W. CLIFTON ST  
83  
84 City TAMPA FL 85 Zip Code 33634

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

TITLE ☐ DELETE

NAME D REAGAN, BARBARA  
STREET ADDRESS S. 5294 LAKE SHORE RD.  
CITY - ST - ZIP HAMBURG NY

TITLE ☐ DELETE

NAME P GLENN, ROBERT J  
STREET ADDRESS 1422 HOUNDS HOLLOW CT.  
CITY - ST - ZIP LUTZ FL

TITLE ☐ DELETE

NAME T CONLEY, JOSEPH  
STREET ADDRESS 259 WASHINGTON HWY  
CITY - ST - ZIP SNYDER NY

TITLE ☐ DELETE

NAME S FIERLE, GREGORY  
STREET ADDRESS 4639 WINDING WOODS  
CITY - ST - ZIP HAMBURG NY

TITLE ☐ DELETE

NAME C BERN, NORM  
STREET ADDRESS 41 CHEDWEL RD BOX 41  
CITY - ST - ZIP MARK SPRINGS NY

TITLE ☐ DELETE

NAME D GAINES, KEN  
STREET ADDRESS 11 COBBLESTONE CT  
CITY - ST - ZIP ORCHARD PARK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)