

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91846 006 ***150.00

DOCUMENT # H44240

1. Entity Name
COOK INSURANCE AGENCY, INC.



Principal Place of Business
**23 AVE D
APALACHICOLA FL 32320
US**

Mailing Address
**P. O. BOX 128
APALACHICOLA FL 32329**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2493309**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BUTLER, DAVID K~~
~~2356 HWY 98 E~~
~~CARRABELLE FL 32322~~

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Actions
PSTD	BUTLER, DAVID K	2856 HWY 98 E	CARRABELLE FL 32322	<input type="checkbox"/> Delete
VD	BUTLER, JOE W JR	1380 PLANTATION CREEK DR	FORTSON GA 31808	<input checked="" type="checkbox"/> Delete
DIR	Jackson, George	201 NE 12th ST	CARRABELLE, FL 32322	<input checked="" type="checkbox"/> Add
DIR	HOWELL, ROBERT L.	15 ADAMS ST	APALACHICOLA, FL 32320	<input checked="" type="checkbox"/> Add
DIR	Flowers, Bruford	339 HWY 98	EASTPOINT, FL 32328	<input checked="" type="checkbox"/> Add
DIR	CHORBA, NANCY	35 ISLAND DR	ST GEORGE ISLAND, FL 32328	<input checked="" type="checkbox"/> Add

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Actions
PS	BUTLER, DAVID K	2856 Hwy 98 E	CARRABELLE, FL 32322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
EVPT	BUTLER DENISE D.	145 N. BAYSHORE DR.	EASTPOINT, FL 32328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP	MILLER, JAMES H. JR.	44 SCHOOLHOUSE RD	EASTPOINT, FL 32328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DIR	BUTLER, JOE W.	2290 LOUISIANA ST	LANARK VILLAGE, FL 32323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DIR	BUTLER, JOHN C.	145 N. BAYSHORE DR.	EASTPOINT, FL 32328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David K Butler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/03

Date

850.697.3395

Daytime Phone #

CR2E034 (10/02)