

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 9: 58

DOCUMENT # L18071

(5)

1. Corporation Name

COOK & PARSONS, INC.

Principal Place of Business

Mailing Address

3615 WALKER RD
MULBERRY FL 33860

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MULBERRY FL 33860

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/15/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2968603

Applied For

Not Applicable

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

2a. Mailing Address

21 1060 RUSTIC EST.

26 1060 RUSTIC EST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 LAKELAND, FLORIDA

City & State

27 LAKELAND, FLORIDA

Zip

24 33813

Country

25 POLK

Zip

29 33813

Country

30 POLK

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARSON, WINNIE C
4634 HARDEN BLVD
LAKELAND FL 33813

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	COOK, JOHN D.
STREET ADDRESS	3615 WALKER RD
CITY - ST - ZIP	MULBERRY FL
TITLE	SD
NAME	PARSON, WINNIE C.
STREET ADDRESS	4634 HARDEN BLVD
CITY - ST - ZIP	LAKELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	P/D	☒ Change ☐ Addition
1.2 NAME	COOK, John D.	
1.3 STREET ADDRESS	1060 RUSTIC EST.	
1.4 CITY - ST - ZIP	LAKELAND FL. 33813	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
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 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 if changed, or on an attachment with an address.

SIGNATURE: Winnie C. Parsons Secy - WINNIE C. PARSONS 2-18-95

(Typed or printed name of signing officer or director)

(Date)

813-646-5361