

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M86680** (9)

1. Corporation Name

COOKE PROPERTY MANAGEMENT, INC.



Principal Place of Business

% FRANK L. COOKE, JR.
5355 9TH ST., NORTH
ST. PETERSBURG FL 33703

Mailing Address

% FRANK L. COOKE, JR.
5355 9TH ST., NORTH
ST. PETERSBURG FL 33703

3. Date Incorporated or Qualified

06/20/1988

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number
59-2904856

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

9. Name and Address of Current Registered Agent

**COOKE, JR. F
5355 NINTH STREET, NORTH
ST. PETERSBURG FL 33703**

10. Name and Address of New Registered Agent

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 607.1504, 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 the registered agent (if applicable)

(If the registered agent signature cannot be read, type "N/A")

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY, ST., ZIP	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST., ZIP
2. TITLE NAME STREET ADDRESS CITY, ST., ZIP	5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY, ST., ZIP
3. TITLE NAME STREET ADDRESS CITY, ST., ZIP	9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY, ST., ZIP
4. TITLE NAME STREET ADDRESS CITY, ST., ZIP	13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY, ST., ZIP
5. TITLE NAME STREET ADDRESS CITY, ST., ZIP	17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY, ST., ZIP
6. TITLE NAME STREET ADDRESS CITY, ST., ZIP	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY, ST., ZIP
7. TITLE NAME STREET ADDRESS CITY, ST., ZIP	25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY, ST., ZIP
8. TITLE NAME STREET ADDRESS CITY, ST., ZIP	29. TITLE 30. NAME 31. STREET ADDRESS 32. 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 (if changed), or on an attachment with an address.

SIGNATURE:

Frank L. Cooke Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

1/13/98-2338

CR2E034 (12/95)