

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 23 1998 8:00am
Secretary of State

DOCUMENT # **P13212** (6)
1. Corporation Name
BATSON-COOK OF FLORIDA, INC.



Principal Place of Business
**8860 PHILLIPS HIGHWAY
JACKSONVILLE FL 32256**

Mailing Address
**P.O. BOX 151
WEST POINT GA 31833**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/12/1987	
21		26		4. FEI Number 59-2739272	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
YOUNG, COLEMAN 8860 PHILLIPS HIGHWAY JACKSONVILLE FL 32256				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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	YOUNG, COLEMAN	1.2 NAME	
STREET ADDRESS	8860 PHILLIPS HIGHWAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32256	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	
NAME	HOOD, CECIL G.	2.2 NAME	
STREET ADDRESS	821 S. 11TH	2.3 STREET ADDRESS	
CITY - ST - ZIP	LANETT AL 36863	2.4 CITY - ST - ZIP	
TITLE	CHM	3.1 TITLE	
NAME	GLOVER, E.C.	3.2 NAME	
STREET ADDRESS	RT. 5	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAGRANGE GA	3.4 CITY - ST - ZIP	
TITLE	A.S.	4.1 TITLE	
NAME	MILES, R.D.	4.2 NAME	
STREET ADDRESS	1802 9TH CT., SW	4.3 STREET ADDRESS	
CITY - ST - ZIP	WEST POINT GA 36863	4.4 CITY - ST - ZIP	
TITLE	EVPD	5.1 TITLE	
NAME	MOODY, R.L. JR	5.2 NAME	
STREET ADDRESS	109 SPRING VALLEY DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAGRANGE GA	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

[Signature] SIGNATURE REQUIRED

Secretary 1/13/98

706-643-2500

CR2E034 (10/97)