

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90032 001 ***150.00

DOCUMENT # P13212

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

3. Date Incorporated or Qualified

02/12/1987

4. FEI Number

59-2739272

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOVER, E.C.	3.2 NAME	
STREET ADDRESS	RT. 5	3.3 STREET ADDRESS	107 Victoria Drive
CITY-ST-ZIP	LAGRANGE GA	3.4 CITY-ST-ZIP	
TITLE	A.S. <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	Lanett, AL 36863
TITLE	EVPD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOODY, R.L. JR	5.2 NAME	
STREET ADDRESS	109 SPRING VALLEY DRIVE	5.3 STREET ADDRESS	303 Victoria Drive
CITY-ST-ZIP	LAGRANGE GA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(i), 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, with all other like empowered.

SIGNATURE:

Ray D. Miles, Asst. Sec./Tr. 1/13/99 706-643-2159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)