


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P13212 1. Entity Name BATSON-COOK OF FLORIDA, INC.	
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Principal Place of Business 8860 PHILLIPS HIGHWAY JACKSONVILLE, FL 32256	Mailing Address P.O. BOX 151 WEST POINT, GA 31833
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DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2739272	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARKSDALE, DAVID A JR 8860 PHILLIPS HIGHWAY JACKSONVILLE, FL 32256

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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HOOD, CECIL G. 821 S. 11TH LANETT, AL 36863
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHM GLOVER, E.C. 107 VICTORIA DR LAGRANGE, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	A.S. MILES, R.D. 1802 9TH CT., SW LANETT, AL 36863
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPD MOODY, R.L. JR 303 VICTORIA DR LAGRANGE, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  **Ray D. Miles, Asst. Sec.** **1/15/2004** **706-643-2159**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #