

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13212

FILED
Jan 09, 2009
Secretary of State

Entity Name: BATSON-COOK OF FLORIDA, INC.

Current Principal Place of Business:

8860 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 151
WEST POINT, GA 31833

New Mailing Address:

FEI Number: 59-2739272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKSDALE, DAVID A JR
8860 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: HOOD, CECIL G
Address: 603 21ST AVENUE, SW
City-St-Zip: LANETT, AL 36863 US

Title: DC () Delete
Name: GLOVER, EDMUND C
Address: 115 HIGHLAND DRIVE
City-St-Zip: WEST POINT, GA 31833 US

Title: P () Delete
Name: HALL, ROBERT R
Address: 849 CARNELLIAN LANE
City-St-Zip: PEACHTREE CITY, GA 30269 US

Title: DVAS () Delete
Name: MOODY, RAYMOND L JR
Address: 303 VICTORIA DR
City-St-Zip: LAGRANGE, GA 30264 US

Title: DVAS () Delete
Name: GLOVER, J L JR
Address: 18 WOODLANE
City-St-Zip: NEWNAN, GA 30264 US

Title: C () Delete
Name: TURNER, JEFF H
Address: 305 HIGH POINT DRIVE
City-St-Zip: LAGRANGE, GA 30240 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDMUND C. GLOVER

DC

01/09/2009

Electronic Signature of Signing Officer or Director

_____ Date