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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P15863

1. Corporation Name
MICHAEL L. COOK, INC.

(4)

CITY-ST-ZIP

**FILED** May 27 1997 8:00am Secretary of State

Principal Plac 4817 BETHLEI RICHMOND VI US	HEM RO.	Mailing Address 4817 BETHLEHEM RD. RICHMOND VA 23230-2 US	4817 BETHLEHEM RD. RICHMOND VA 23230-2520						
						3. Date Incorporated or Qualified 09/08/1987		ate of Last F <b>/13/1996</b>	
	lace of Business	2a. Mailing Address				4. FEI Number 54-1069971		·	pplied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			•				ot Applicable Additional
22		27			5. Certificate of Status Desired			equired	
City & Stat	e	City & State				6. Election Campaign Financing	П		May Be
Zip	Country	<b>26</b> Zip	Coun	itry		Trust Fund Contribution  8. This corporation has liability for			to Fees
24	25	29	30	•				□ No	1. 198.UOE.
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered /	Agent	
	CORPORATION SYSTEM OO SOUTH PINE ISLAND ROAD		3	B1	Name				
	NO SOUTH PINE ISLAND ROAD INTATION FL 33324			32 5	Street Addre	ss (P.O. Box Number is Not Acceptat	ole)		
	WITH THE SOULT		E	33		······································			
•	•			34 (	Dity			85 Zip	Code
					·		FL		
office or r	egistered agent, or both, in the State	of Florida. Such change was	s authorized	by Ih	amed corpo le corporatio	ration submits this statement for the pin's board of directors. I hereby accept	iurpose of of the app	changing i ointment as	ts registered registered
_	m familiar with, and accept the obliga	ations of, Section 607.0505, I	Florida Statu	tes.	·	·			
SIGNATURE	Signature, typed or printed nanie of registered age	nt and title if applicable (Ne	OTE Registered /	Agent s	ignature required	when reinstating)	DATE		
12.	OFFICERS ANI		13.	· · · ·	-	ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	3S IN 12
TITLE	PTD MICHAEL I			1.1 TITLE				☐ Change	Addition
NAME	COOK, MICHAEL L. 4817 BETHLEHEM RD.			1.2 NAME					
STREET ADDRESS	RICHMOND VA	1.3 STREET ADDRES		i i					
CITY-ST-ZIP TITLE	SD			1.4 CITY - ST - ZIP 2.1 TITLE				Change	_
NAME	COOK, BARBARA M.	בַ טנננונ		2.2 NAME 2.3 STREET ADDRESS					~. La Mudition
STREET ADDRESS	4817 BETHLEHEM RD.		1						
CITY-ST-ZIP	RICHMOND VA		2.4 CIT						
TITLE	V	DELETE	3.1 TITU		***			Change	Addition
NAME	COOK, DAVID C.		3 2 NAM	1E					
STREET ADDRESS	4817 BETHLEHEM RD.		3.3 STR	EET ADO	DRESS				
CITY-ST-ZIP	RICHMOND VA		3.4. CIT	Y-ST-7	ZIP				
TITLE	OOOK TED D	☐ DELETE	4 1 TITL	E				Change	Addition
NAME	COOK, TED D.			4.2 NAME					
STREET ADDRESS	4817 BETHLEHEM RD. RICHMOND VA		4.3 STRE		1				
CITY-ST-ZIP	TWO I INTO TO	DELETE	4.4 CITY		IP			Cnange	Addition
TITLE		☐ pereit	5 1 TITL						nacition
NAME STREET ADDRESS				5.2 NAME 5.3 STREET ADDRESS		80000220	( <b>⊐'</b> 2')	ig H	
CITY-ST-ZIP			5.4 CITY			-06/05/970110 ***550.00	J4UL	J I	
TITLE		DELETE	61 TITL		· ·			Change	Addition
NAME			6.2 NAM					•	as _ ,
STREET ADDRESS			6.3 STRE	EET ADI	DRESS				6127/9

64 CITY-ST-ZIP 14. I do 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 of Block 13 if changed, or on an attachment with an address.