SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 18 AM 8:17

DOCUMENT # **P18820** **(1)**

1. Corporation Name
COOK PACEMAKER CORPORATION

Principal Place of Business	Mailing Address
RIVER ROAD. ROUTE 66 PO BOX 529 LEECHBURG PA 15656-0529	RIVER ROAD. ROUTE 66 PO BOX 529 LEECHBURG PA 15656-0529

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/14/1988
3a. Date of Last Report: 03/23/1994
4. FEI Number: 25-1393375 ☐ 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCPHERSON, WILLIAM, MR. 12165 FORTY-NINTH ST., N. SUITE 1 AND 2 CLEARWATER FL 34622	81 Name: RYAN J. POLLOCK 82 Street Address (P.O. Box Number is Not Acceptable): 15507 Bruce B. Downs # 1612 83 84 City: TAMPA FL 85 Zip Code: 33647

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] OSTREET MANAGER 7/13/95
Signature, type or print 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	DS	11 TITLE	☐ Change ☐ Addition
NAME	FERGUSON, STEVE	12 NAME	
STREET ADDRESS	1608 FOUNTAIN SQ SUITE 300	13 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON IN 47402	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MCCULLOUGH, PHYLLIS	22 NAME	
STREET ADDRESS	925 SOUTH CURRY PIKE	23 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON IN 47402	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	JOHN R. KAMSTRA	32 NAME	
STREET ADDRESS	1608 FOUNTAIN SQUARE	33 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON IN 47402	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	FRANZ, CHARLES	42 NAME	
STREET ADDRESS	1608 FOUNTAIN SQ SUITE 300	43 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON IN 47402	44 CITY-ST-ZIP	
TITLE	C	51 TITLE	☐ Change ☐ Addition
NAME	COOK, WILLIAM A.	52 NAME	
STREET ADDRESS	PO BOX 489 NA	53 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON IN	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	LOUIS GOODE,	62 NAME	
STREET ADDRESS	P.O. BOX 529 RIVER RD. ROUTE 66	63 STREET ADDRESS	
CITY-ST-ZIP	LEECHBURG PA 15656-0529	64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] John R. Kamstra 6/30/95 812-331-1025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0179105 FN