

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P18820 (1)

1. Corporation Name

COOK PACEMAKER CORPORATION



Principal Place of Business

RIVER ROAD, ROUTE 66  
PO BOX 529  
LEECHBURG PA 15656-0529

Mailing Address

RIVER ROAD, ROUTE 66  
PO BOX 529  
LEECHBURG PA 15656-0529

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified  
04/14/1988

3a. Date of Last Report  
07/18/1995

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

POLLOCK, RYAN J  
15501 BRACE B DOWNS  
1612  
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name Ryan J Pollock

82 Street Address (P.O. Box Number is Not Acceptable)

1450 Audubon Trace #716

83

84 City Tampa

FL

85 Zip Code  
33613

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

TITLE DS  
NAME FERGUSON, STEVE  
STREET ADDRESS 1608 FOUNTAIN SQ SUITE 300  
CITY-ST-ZIP BLOOMINGTON IN 47402 ☐ DELETE

TITLE D  
NAME MCCULLOUGH, PHYLLIS  
STREET ADDRESS 925 SOUTH CURRY PIKE  
CITY-ST-ZIP BLOOMINGTON IN 47402 ☐ DELETE

TITLE J  
NAME JOHN R. KAMSTRA  
STREET ADDRESS 1608 FOUNTAIN SQUARE  
CITY-ST-ZIP BLOOMINGTON IN 47402 ☐ DELETE

TITLE P  
NAME FRANZ, CHARLES  
STREET ADDRESS 1608 FOUNTAIN SQ SUITE 300  
CITY-ST-ZIP BLOOMINGTON IN 47402 ☐ DELETE

TITLE C  
NAME COOK, WILLIAM A.  
STREET ADDRESS PO BOX 489 NA  
CITY-ST-ZIP BLOOMINGTON IN ☐ DELETE

TITLE D  
NAME LOUIS GOODE,  
STREET ADDRESS P.O. BOX 529 RIVER RD. ROUTE 66  
CITY-ST-ZIP LEECHBURG PA 15656-0529 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☒ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone:

4-15-96

812-331-1025

CR2E034 (12/95)