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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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



3. Date Incorporated or Qualified

04/14/1988

3a. Date of Last Report

04/24/1996

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

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt. #, etc.

26 Suite Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

POLLOCK, RYAN J
1450 AUDUBON TRACE, #718
1612
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 type: The printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DS	FERGUSON, STEVE	1608 FOUNTAIN SQ SUITE 300	BLOOMINGTON IN 47402	<input type="checkbox"/>
D	MCCULLOUGH, PHYLLIS	925 SOUTH CURRY PIKE	BLOOMINGTON IN 47402	<input type="checkbox"/>
T	JOHN R. KAMSTRA	1608 FOUNTAIN SQUARE	BLOOMINGTON IN 47402	<input type="checkbox"/>
D	FRANZ, CHARLES	1608 FOUNTAIN SQ SUITE 300	BLOOMINGTON IN	<input type="checkbox"/>
C	COOK, WILLIAM A.	PO BOX 489 NA	BLOOMINGTON IN	<input type="checkbox"/>
DP	LOUIS GOODE,	P.O. BOX 529 RIVER RD. ROUTE 66	LEECHBURG PA	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
DS	FERGUSON, STEVE	405 N. ROGERS STREET	Bloomington, IN 47404-3780	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	Change	Addition

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 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97

812-331-425

CR2E034 (9/96)