

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 # P93000071253 (7)

1. Corporal on Name

THE COOKER T. CORPORATION



Principal Place of Business

Mailing Address

5678 IRLO BRONSON MEM HWY-
KISSIMMEE FL 34746
US

5678 IRLO BRONSON MEM HWY
KISSIMMEE FL 34746
US

3. Date Incorporated or Qualified
10/08/1993

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 5621 Brookline Drive

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State
Orlando FL

City & State
Kissimmee FL

23

28

Zip

Country

Zip

Country

24

32819

25

29

30

4. FEI Number
59-3216827

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

10. Name and Address of New Registered Agent

WHAPLES, JAMES F
5678 IRLO BRONSON MEM HWY-
KISSIMMEE FL 34746

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
5621 Brookline Drive

83

84 City

Orlando

FL

85 Zip Code
32819

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 PVPD ☐ DELETE
NAME WHALEO, TERRY
STREET ADDRESS 5678 IRLO BRONSON MEM HWY.
CITY - ST - ZIP KISSIMMEE FL

TITLE ST ☐ DELETE
NAME HENSON, TERRY W.
STREET ADDRESS 5678 IRLO BRONSON MEM HWY
CITY - ST - ZIP KISSIMMEE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Whaples, James F
1.3 STREET ADDRESS 5621 Brookline Drive
1.4 CITY - ST - ZIP Orlando FL 32819

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Whaples, Terry
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
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 if changed, or on an attachment with an address.

SIGNATURE:

James F Whaples
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96

Date

407-876-0892

Daytime Phone #

CR2E034 (12/95)