CORPORATION ANNUAL REPORT 1995

Florida Department of State
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 MAY -1 PM 7:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000039208 (1)

1. Corporation Name
THE COOKBROOK CORPORATION

Principal Place of Business	Mailing Address
2301 INDEPENDENT SQUARE ONE INDEPENDENT DR JACKSONVILLE FL 32202	2301 INDEPENDENT SQUARE ONE INDEPENDENT DR JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE.

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 / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 05/19/1994
3a. Date of Last Report:
4. FEI Number: 59 - 3270061 ☐ 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

HOLBROOK, H L
2301 INDEPENDENT SQUARE
ONE INDEPENDENT DR
JACKSONVILLE FL 32202

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE 4-17

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOLBROOK, H L
STREET ADDRESS	ONE INDEPENDENT DR SUITE 2301
CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	D
NAME	HOLBROOK, LINDA
STREET ADDRESS	ONE INDEPENDENT DR SUITE 2301
CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	D
NAME	COOK, JILL
STREET ADDRESS	ONE INDEPENDENT DR SUITE 2301
CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	200001492092 -05/17/95--01160--007 ****200.00 ****200.00
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition	Linda Holbrook
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	5-1-95

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: Jill Cook 4-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — State Phone #