FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000039208 (1) DOCUMENT

Principal Place of Business	Mailing Address
2301 INDEPENDENT SOUARE ONE INDEPENDENT DR JACKSONVILLE FL 32202	2301 INDEPENDENT SOUARE ONE INDEPENDENT DR JACKSONVILLE FL 32202
Principal Place of Business	2a. Mailing Address

FILED Apr 15 1998 8:00am Secretary of State

THE COOKBROOK CORPORATION DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/19/1994 FEI Number Applied For 59-3270061 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Zip Country This corporation owes or has paid the current year Intangible Yes □ No 24 25 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name HOLBROOK, H L 2301 INDEPENDENT SQUARE Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DR 83 JACKSONVILLE FL 32202 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition HOLBROOK, LINDA NAME 12 NAME CR2E034 **ONE INDEPENDENT DR SUITE 2301** STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32202 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TOTE F COOK, JILL NAME 2.2 NAME ONE INDEPENDENT DR SUITE 2301 STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32202 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Channe Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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 if chapter or on an attachment with an addless.

SIGNATURE:

4-8-98 396-4060