Applied For

Not Applicable

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000086668**1. Corporation Name

RONALD D. COOK, P.A.

2. Principal Place of Business

21

Principal Place of Business	Mailing Address
777 SOUTH HARBOUR ISLAND BLVD. TAMPA FL 33602	777 SOUTH HARBOUR ISLAND BLVD. TAMPA FL 33602

26

2a. Mailing Address

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90108 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

11/30/1994 4. FEI Number

59-3286136

Suite, Apt.	#, etc. 200	Suite, Apt. #, etc.					5. Certifcate	of Status Desired		\$8.75 / Fee Re		
City & State	9	City & State						ampaign Financing d Contribution	' <u> </u>	\$5.00 Added 1		
Zip					8. This corporation owes the current year Intangible Personal Property Tax.							
24	9. Name and Address of Current							d Address of New	Registered	Agent		
	J. Hallie und Address of Sarrow	rtogiotorou / tg		81	Nai	me						
COOK, RONALD D												
777 SOUTH HARBOUR ISLAND BLVD.					82 Street Address (P.O. Box Number is Not Acceptable)							
TAMPA FL 33602				83								
				84	City	у			. FL	85 Zip (	Code	
			51 11 01 1					his statement for the		changing its	registered	
office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Flonda, Such	change was author	orized by i	tne c	corporation	s board of dire	ctors. I hereby acce	ept the appoi	ntment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Reg	jistered Agen	t signa	iture required w	hen reinstating)		DATE			
12.	OFFICERS AND	DIRECTORS		13.			ADDITION	S/CHANGES TO O	FFICERS AN			
TITLE	PTSD		☐ DELETE	1.1 TITLE		1				☐ Change	Addition	
NAME	COOK, RONALD D			1.2 NAME			Suite 200					
STREET ADDRESS	777 SOUTH HARBOUR ISLAND BLVD. 138				1.3 STREET ADDRESS							
CITY-ST-ZIP	TAMPA FL 33602		·	1.4 CITY-ST	T- ZIP					,		
TITLE	C		☐ DELETE 2.1							Change	☐ Addition	
NAME	COOK, RONALD D			2.2 NAME			< h	700				
STREET ADDRESS	TTT COURT HARDOUR IOLAND BLVD				1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.3 STREET ADDRESS							
CITY-ST-ZIP	TAMPA FL 33602			2, 4 CITY-S	T- 71P							
TITLE	7,11177112 00002		DELETE	3.1 TITLE						Change	Addition	
NAME				3.2 NAME				•				
STREET ADDRESS				3.3 STREET	FADDR	RESS		•				
l .				3.4. CITY-S								
CITY-ST-ZIP TITLE			DELETE	4 1 TITLE	1-2,11					☐ Change	Addition	
NAME				4. 2 NAME							•	
				4 3 STREET	FADDD	ecc						
STREET ADDRESS												
CITY-ST-ZIP TITLE			☐ DELETE	4.4 CITY-ST 5.1 TITLE	1-2112					Change	- Addition	
			_ Jeel in	5.1 HILE 5.2 NAME								
NAME				5.3 STREET	LVDUD	DESS !		•				
STREET ADDRESS				5.4 CITY-ST								
CITY-ST-ZIP			DELETE	6.1 TITLE	1-4P	-				Change	[ ] Addition	
TITLE			☐ DETE LE							□ ouenge		
NAME				6.2 NAME								
STREET ADDRESS				6.3 STREET		(ESS						
CITY-ST-ZIP	and it that the information augustical with			6.4 CITY-ST								

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

TED NAME OF SIGNING OFFICER OR DIRECTOR