FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000089367 (4)**

1. Corporation Name
COOK & ASSOCIATES INSURANCE, INC.

Principal Place of Business	Mailing Address
RT. 5, BOX 535-L LAKE CITY FL 32055	P.O. BOX 2124 LAKE CITY FL 32056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 201 W. Putnam St.
Suite, Apt. #, etc. 22:
City & State 23: Lake City FL
Zip 24: 32056 Country 25: USA

2a. Mailing Address
26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 59-3292844 ☐ 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

COOK-GLASS, DEBBIE
RT. 5, BOX 535-L
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name: Cook-Glass, Debbie
82 Street Address (P.O. Box Number is Not Acceptable): 201 W. Putnam Street
83:
84 City: Lake City FL 85 Zip Code: 32056

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	V	☑ Change ☐ Addition
NAME	COOK, LARRY C	1.2 NAME	Cook, LARRY C.	
STREET ADDRESS	RT. 4, BOX 252	1.3 STREET ADDRESS	RT. 4 Box 252	
CITY ST ZIP	LIVE OAK FL 32060	1.4 CITY ST ZIP	Live Oak, FL 32060	
TITLE	D	2.1 TITLE	T/S	☑ Change ☐ Addition
NAME	COOK, JOYCE D	2.2 NAME	Cook, Joyce D.	
STREET ADDRESS	RT. 4, BOX 252	2.3 STREET ADDRESS	RT. 4 Box 252	
CITY ST ZIP	LIVE OAK FL 32060	2.4 CITY ST ZIP	Live Oak, FL 32060	
TITLE	D	3.1 TITLE	D	☑ Change ☐ Addition
NAME	COOK, CALVIN	3.2 NAME	Cook, Calvin	
STREET ADDRESS	RT. 5, BOX 535-L	3.3 STREET ADDRESS	201 W. Putnam St.	
CITY ST ZIP	LAKE CITY FL 32055	3.4 CITY ST ZIP	Lake City FL 32056	
TITLE		4.1 TITLE	P	☐ Change ☑ Addition
NAME		4.2 NAME	Cook-Glass, Debbie	
STREET ADDRESS		4.3 STREET ADDRESS	201 W. Putnam St.	
CITY ST ZIP		4.4 CITY ST ZIP	Lake City, FL 32056	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY ST ZIP		5.4 CITY ST ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY ST ZIP		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)(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: Debbie Cook-Glass 4-28-95 904 755 7234
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

000B310 CP