

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 # P94000089367 (4)

1. Corporation Name

COOK & ASSOCIATES INSURANCE, INC.



Principal Place of Business

Mailing Address

201 W. PUTNAM ST.
LAKE CITY FL 32056
US

P.O. BOX 2124
LAKE CITY FL 32056

3. Date Incorporated or Qualified

12/09/1994

3a. Date of Last Report

05/01/1995

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

32024

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOK-GLASS, DEBBIE
201 W. PUTNAM ST.
LAKE CITY FL 32056

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Debbie Cook-Glass

(NOTE: Registered Agent signature required when reinstating)

2-14-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
V
COOK, LARRY C
STREET ADDRESS
RT. 4, BOX 252
CITY-ST-ZIP
LIVE OAK FL

TITLE ☐ DELETE

NAME
TS
COOK, JOYCE D
STREET ADDRESS
RT. 4, BOX 252
CITY-ST-ZIP
LIVE OAK FL

TITLE ☒ DELETE

NAME
D
COOK, CALVIN
STREET ADDRESS
201 W. PUTNAM ST.
CITY-ST-ZIP
LAKE CITY FL

TITLE ☐ DELETE

NAME
P
COOK-GLASS, DEBBIE
STREET ADDRESS
201 W. PUTNAM ST.
CITY-ST-ZIP
LAKE CITY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Debbie Cook-Glass

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96

Date

904/755-7234

Daytime Phone #

CR2E034 (12/95)