

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000041018 (9)**

1. Corporation Name

**G. COOK CORPORATION**



Principal Place of Business

**260 20TH AVE. N.E.  
NAPLES FL 33964**

Mailing Address

**260 20TH AVE. N.E.  
NAPLES FL 33964**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**NICKEL, GUDRUN M  
350 5TH AVE. S., #200  
NAPLES FL 33940**

3. Date Incorporated or Qualified

**05/22/1995**

3a. Date of Last Report

**N/A**

4. FEI Number

**65-0583684**

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

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 607.07(3)(b) and 607.15(3), 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 607.07(3)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME ☐ DELETE

**D  
COOK, GRAHAM  
260 20TH AVE. N.E.  
NAPLES FL 33964**

2. NAME ☐ DELETE

**D  
COOK, CHRISTINE  
260 20TH AVE. N.E.  
NAPLES FL 33964**

3. NAME ☐ DELETE

4. NAME ☐ DELETE

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30. NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. NAME ☐ Change ☐ Addition

4. NAME ☐ Change ☐ Addition

5. NAME ☐ Change ☐ Addition

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29. NAME ☐ Change ☐ Addition

30. NAME ☐ Change ☐ Addition

14. I, the undersigned, certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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. I am an officer or director of the corporation or the registered or business agent authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 or on a change of control statement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-18-96**

**(941) 352 1450**

CR2E034 (12/95)