

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000042729 (0)

1. Corporation Name

DON COOK ENTERPRISES, INC.



Principal Place of Business

1589 S. MILITARY TRAIL
WEST PALM BEACH FL 33415

Mailing Address

1589 S. MILITARY TRAIL
WEST PALM BEACH FL 33415

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, 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

FULLER, LOULA M
ADAMS, QUINTON & FULLER, P.A.
402-A N. OFFICE PLAZA DR.
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified
06/01/1995

3a. Date of Last Report

4. FEI Number
05-0591877

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
DONALD R. COOK

82 Street Address (P.O. Box Number is Not Acceptable)
1589 S. MILITARY TR.

83 W. PALM BCH., FL 33415

84 City
W. PALM BCH, FL

85 Zip Code
FL 33415

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

(NOTE: Registered Agent signature required when reinstating)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
COOK, DONALD R.
1589 S. MILITARY TRAIL
W PALM BCH, FL 33415

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
STRATEMEYER, MADIE A.
1589 S. MILITARY TR.
W PALM BCH, FL 33415

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
COOK, MARILYN P.
1589 S. MILITARY TR.
W PALM BCH, FL 33415

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
PARKER, ELAINE S.
1589 S. MILITARY TR
W PALM BCH, FL 33415

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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4-22-96
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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. Further, I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elaine S. Parker 3/18/96 (401) 944-3801

CR2E034 (12/95)