

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 # P95000043026

1. Corporation Name

STIRLING COOKE INSURANCE SERVICES, INC.

Principal Place of Business

2801 FRUITVILLE ROAD
SUITE 250
SARASOTA FL 34237

Mailing Address

2801 FRUITVILLE ROAD
SUITE 250
SARASOTA FL 34237

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90030 015 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1995

4. FEI Number

65-0586334

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 6311 ATRIUM DR.

2a. Mailing Address

26 6311 ATRIUM DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 100

27 SUITE 100

City & State

City & State

23 BRADENTON, FL

28 BRADENTON, FL

Zip

24 34202

Country

25 USA

Zip

29 34202

Country

30 USA

9. Name and Address of Current Registered Agent

F&L CORP.
GREENLEAF BUILDING
200 LAURA STREET
JACKSONVILLE FL 32202

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME ARNOLD, JACK F

STREET ADDRESS 2801 FRUITVILLE RD SUITE 250

CITY-ST-ZIP SARASOTA FL

TITLE DTS ☒ DELETE

NAME COOKE, PENELOPE A

STREET ADDRESS 2801 FRUITVILLE RD SUITE 250

CITY-ST-ZIP SARASOTA FL

TITLE D ☒ DELETE

NAME NICHOLAS, MARK COOKE

STREET ADDRESS 2801 FRUITVILLE RD, STE 250

CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DTS ☐ Change ☒ Addition

1.2 NAME ABERNATHY, JR, RUSSELL

1.3 STREET ADDRESS 6311 ATRIUM DR., SUITE 100

1.4 CITY-ST-ZIP BRADENTON, FL 34202

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME LEN QUICK

2.3 STREET ADDRESS 6311 ATRIUM DR., SUITE 100

2.4 CITY-ST-ZIP BRADENTON, FL 34202

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME PETER McDONNELL

3.3 STREET ADDRESS 6311 ATRIUM DR., SUITE 100

3.4 CITY-ST-ZIP BRADENTON, FL 34202

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

941-907-2200

CR2E034 (11/98)