

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000051097 (0)

1. Corporation Name  
COOK & WOODROW, INC.



Principal Place of Business

1035 HIGHLAND AVE  
LARGO FL 34640

Mailing Address

1035 HIGHLAND AVE  
LARGO FL 33770-1610

3. Date Incorporated or Qualified

06/30/1995

3a. Date of Last Report

03/20/1996

4. FEI Number

59-3322303

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

21 Suite Apt. # etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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	PD	<input type="checkbox"/> DELETE
NAME	COOK, BRUCE D	
STREET ADDRESS	1035 HIGHLAND AVENUE	
CITY - ST - ZIP	LARGO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOODROW, WILLIAM DANIEL	
STREET ADDRESS	1035 HIGHLAND AVENUE	
CITY - ST - ZIP	LARGO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COOK, SHARON F	
STREET ADDRESS	1035 HIGHLAND AVENUE	
CITY - ST - ZIP	LARGO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WOODROW, KATHERINE J	
STREET ADDRESS	1035 HIGHLAND AVENUE	
CITY - ST - ZIP	LARGO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	812 LIVE OAK TERR N.E.
1.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33703
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2238 Glenmoor Rd. N.
2.4 CITY - ST - ZIP	Clearwater, FL 34624
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	812 LIVE OAK TERR N.E.
3.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33703
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	2238 Glenmoor Rd. N.
4.4 CITY - ST - ZIP	Clearwater, FL 34624
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BRUCE COOK 1-26-97 813-527-7944

CR2E034 (9/96)