

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 JUN 20 AM 7:12

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P96000088805 (2)

1. Corporation Name

SONIA A. COOK & ASSOCIATES, INC.



Principal Place of Business

POST OFFICE BOX 448  
PORT RICHEY FL 34673

Mailing Address

POST OFFICE BOX 448  
PORT RICHEY FL 34673-0448  
Palm Harbor, FL  
34673

2. Principal Place of Business

21 PO Box 2467

Suite, Apt. #, etc.

22 City & State

23 Palm Harbor, FL

24 Zip

25 34673

26 Country

27 USA

2a. Mailing Address

26 PO Box 2467

Suite, Apt. #, etc.

27 City & State

28 Palm Harbor, FL

29 Zip

30 34673

31 Country

32 USA

3. Date Incorporated or Qualified  
10/25/1996

3a. Date of Last Report

4. FEI Number

59-3407170

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

9. Name and Address of Current Registered Agent

SPENCE, MARK A  
6400 MADISON STREET  
NEW PORT RICHEY FL 34652

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 Sonia A. Cook, President

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

(NOTE: Registered Agent signature required when reinstating)

3/28/97

DATE

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE

NAME Sonia A. Cook

STREET ADDRESS PO Box 2467 (560 Hammock Dr.)

CITY-ST-ZIP Palm Harbor, FL 34673

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

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-06/24/97-01031-0103

\*\*\*165.00 \*\*\*165.00

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. 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 Sonia A. Cook, President 3/28/97 (813)

CR2E034 (9/96)