

AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000036529**

Corporation Name
COOK & GREENE, INC.

Principal Place of Business
**NW 70 STREET
OCALA FL 34475**

Mailing Address
**1720 NW 70 STREET
OCALA FL 34475**

FILED
Sep 07, 1999 8:00 am
Secretary of State
09-07-1999 90002 008 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/22/1997	
4. FEI Number 65-0782699	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WILSON, PAUL E JR3 21 SE WENONA AVE OCALA FL 34471		10. Name and Address of New Registered Agent	
81. Name		85. Zip Code	
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City		FL	

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) DATE _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ADDRESS ZIP	D COOK, MARY L 1720 NW 70 STREET OCALA FL 34475 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> DELETE	1.2 NAME	
ADDRESS ZIP	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
ADDRESS ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
ADDRESS ZIP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> DELETE	2.2 NAME	
ADDRESS ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
ADDRESS ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
ADDRESS ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> DELETE	3.2 NAME	
ADDRESS ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
ADDRESS ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
ADDRESS ZIP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> DELETE	4.2 NAME	
ADDRESS ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
ADDRESS ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
ADDRESS ZIP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> DELETE	5.2 NAME	
ADDRESS ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
ADDRESS ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
ADDRESS ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> DELETE	6.2 NAME	
ADDRESS ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
ADDRESS ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary L Cook **SIGNATURE REQUIRED**

8-30-99 352-622-1969

CR2E034 (5/99)