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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000083422 (0)

COOK CONSTRUCTION CO., INC. OF SOUTH FLORIDA

Principal Place of Business

Mailing Address

Secretary of State

FILED

Feb 09 1998 8:00am



1801 THONOTOSASSA ROAD SUITE 4 PLANT CITY FL 32566		1801 THONOTOSASSA ROAD SUITE 4 PLANT CITY FL 32566		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 09/26/1997	SPACE	
TRINKLE, ROBEF 121 NORTH COL PLANT CITY FL :	Country U. S. d Address of Current R IT S LINS STREET	Sunte, Apl. #, etc. 27 Suite 4 City & State 28 Plant Ci Zip 29 33567 egistered Agent	30 U	y S. Name Street Address City	4. FEI Number 65 – 0761 379 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution B. This corporation owes or has paid the cupersonal Property Tax due June 30. 10. Name and Address of New Registered ess (P.O. Box Number is Not Acceptable)	Yes No Agent 85 Zip Code
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 typical or printed in our of registered agent and title if approachie. (NOTE: Registered Agent signature required when reinstating) DATE						
DI ALIT OIT	OFFICERS AND D N D IOTOSASSA ROAD Y FL 32566	DIRECTORS DELETE	1.2 NAME 1.3 STREE	1 ADDRESS	ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTORS IN 12 Change Addition
TITLE D NAME COOK, BE	N A HOTOSASSA ROAD	☐ DELETE	2.2 NAME	1 ADDRESS		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME	1 ADDRESS		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*	DELETÉ	4.1 TITLE 4.2 NAM	T ADDRESS		Change Addition
TITLE NAME STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREE	1 ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELET É	6.2 NAME	1 ADURESS		☐ Change ☐ Addition

14. Thereby 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 trusted 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.

1. ba (612) 719-121)3