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 # P98000001922

1. Corporation Name

VAN COOK, INC.

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90033 012 ***150.00

							1			
Principal Place of Business Mailing Address							1			
1258 VENETIA DRIVE POST OFFICE BOX 3443										
SPRING HILL, FLORIDA 34606 SPRING HILL, FLORIDA 34611										
CINING HILLIP LEGITLES STOVE STRING HILLIP PROPERTY						11 3 1011	DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 01/01/98			
2. Principal P	lace of Business	2a. Mailir	2a. Mailing Address				4. FEI Number		Applied For	1
21		26					59-3485120		Not Applicable	1
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional	1
22		27	27				5. Certifcate of Status Desired	Fee	Required	
City & Stat	e	City 8	City & State				6. Election Campaign Financing	\$5.0	0 мау Ве	
23 .	<u> </u>	28	28				Trust Fund Contribution	Adde	d to Fees — —	ļ .
Zip	Country	Zip					8. This corporation owes the current year in	_ <u>~</u>	_	
24	25	29					Personal Property Tax. ☐ Yes ☐ No			
	9. Name and Address of Current	Registered /	Agent				10. Name and Address of New Registered	Agent		
					81	Name				
ROBERTS, MARGO V.					82 Street Addr		ess (P.O. Box Number is Not Acceptable)			
1258 VENETIA DRIVE										
SPRING	HILL, FLORIDA 34606	5			83					
				ŀ	84	City		85 Zij	p Code	ł
							<u> </u>	-]
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligations.	of Florida. Suc	h çhange was autl	norized	by t	the corporation	ration submits this statement for the purpose of it's board of directors. I hereby accept the appo	intment as	its registered registered	
SIGNATURE	Signature, typed or printer than of registered agent	KOOZ	(NOTE: R	egistered /	Agent	signature required s	when reinstating) DATE	1-99		_ ا
12.	1 O OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	FORS IN 12	8
TITLE	D/P/S/T □ DELETE			1.1 TITLÉ				Change		(11/98)
NAME	ROBERTS, MARGO V.				1.2 NAME					4
STREET ADDRESS 1258 VENETIA DRIVE				1.3 STREET ADDRESS						F034
ÇITY-ST-ZIP	SPRING HILL, FLORIDA 34606				Y-ST	-ZIP				2
TITLE	VP □ DELETE				2.1 TITLE			Change	e 🔲 Addition	근
NAME	COOK, RICKYY				ME					
STREET ADDRESS	1258 VENETIA DRIVE				REET	ADDRESS				
CITY-ST-ZIP	SPRING HILL, FLORIDA 34606				ry∙si	T-ZIP				
TITLE	☐ DELETE			3.1 TITLE				☐ Chang	e Addition	
-NAME			~* 	-3.2 NA	ME-	<u></u>	مى <u>دىنىلىنى ئىسىسىنى</u> نىيەدۇرە ئى شىنىنى ت ئالاسىنى ئالىدىنىي			-ب
STREET ADDRESS				3.3 STF	REET	ADDRESS				
C/TY-ST-ZIP				3.4. C/T	Y-ST	r-ZiP				
TITLE	☐ DELETE		4.1 TIΠ	4.1 TITLE		·	☐ Change	e 🔲 Addition	l	
NAME			•	4. 2 NAM		Į.				
STREET ADDRESS	KESS			4.3 STREET ADDRESS		ADDRESS				ĺ
CITY-ST-ZIP			4.4 CfT	4.4 CITY-ST-ZIP					l	
TITLE	-		☐ DELETE	5.1 TITLE				☐ Change	Addition	l
NAME .				5.2 NA	ME					1
STREET ADDRESS				5.3 STF	REET	ADDRESS				ı
CITY-ST-ZIP				5.4 CIT		-ZIP				ı
TITLE			☐ DELETE	6.1 TITL				☐ Change	Addition	
NAME				6.2 NAM	νE					i
STREET ADDRESS				6.3 STF	REET	ADDRESS				
CITY-ST-ZIP			- 1.	6.4 CIT		l		_		
14 I hereby o	artify that the information cupolied with	thic filing doe	se not avalify for th	A AVAN	ntin	on etated in Sa	ction 119 07/3\/i) Florida Statutos I further cer	tifi, that the	information	

I hereby certify that the information supplied with this filling 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: X GHATURE AND TYPED OR P

MARGO V. ROBERTS
ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N 4-1-90

Daytime Phone #