

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90147 020 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katharine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000045926**

1. Corporation Name  
**COOK, INC.**



Principal Place of Business Mailing Address  
**472 DREAM DRIVE DAVENPORT FL 33837**      **472 DREAM DRIVE DAVENPORT FL 33837**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>200 EMERALD LOOP</b>		26 <b>3121 E. GRAND RIVER</b>		<b>05/18/1998</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		<b>59-3514744</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23 <b>DAVENPORT FLORIDA</b>		28 <b>HOWELL MICHIGAN</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 <b>33837</b>		29 <b>48843</b>		30 <b>U.S.A.</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BOYETTE, K W JR.</b> <b>BANKFIRST BUILDING - SECOND FLOOR</b> <b>1380 GRAND HIGHWAY</b> <b>CLERMONT FL 34711</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				<b>FL</b>			

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. (NOT Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOYETTE, K W JR.</b>	1.2 NAME	<b>BOYETTE K W JR.</b>
STREET ADDRESS	<b>C/O 472 DREAM DRIVE</b>	1.3 STREET ADDRESS	<b>BANKFIRST BLDG. 2ND FLOOR</b>
CITY-ST-ZIP	<b>DAVENPORT FL 33837</b>	1.4 CITY-ST-ZIP	<b>1380 GRAND HWY. CLERMONT FL 34711</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOSS, DANIEL P</b>	2.2 NAME	<b>DANIEL P. BOSS</b>
STREET ADDRESS	<b>C/O 472 DREAM DRIVE</b>	2.3 STREET ADDRESS	<b>3121 E. GRAND RIVER</b>
CITY-ST-ZIP	<b>DAVENPORT FL 33837</b>	2.4 CITY-ST-ZIP	<b>HOWELL MI. 48843</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOSS, OSCAR</b>	3.2 NAME	<b>TREASURER/SECRETARY</b>
STREET ADDRESS	<b>C/O 472 DREAM DRIVE</b>	3.3 STREET ADDRESS	<b>MARK A. COOK</b>
CITY-ST-ZIP	<b>DAVENPORT FL 33837</b>	3.4 CITY-ST-ZIP	<b>1975 FOX RIDGE</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOSS, FERN J</b>	4.2 NAME	<b>VICE PRESIDENT</b>
STREET ADDRESS	<b>C/O 472 DREAM DRIVE</b>	4.3 STREET ADDRESS	<b>EDWIN G. GILLET</b>
CITY-ST-ZIP	<b>DAVENPORT FL 33837</b>	4.4 CITY-ST-ZIP	<b>2072 FOX RIDGE</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOSS, GARY R</b>	5.2 NAME	
STREET ADDRESS	<b>C/O 472 DREAM DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVENPORT FL 33837</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOSS, BRYAN L</b>	6.2 NAME	
STREET ADDRESS	<b>C/O 472 DREAM DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVENPORT FL 33837</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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:  **DANIEL P. BOSS** PRESIDENT **4/22/99** 517 546 4836  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)