

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H44240

**Entity Name:** COOK INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

22 AVENUE E  
APALACHICOLA, FL 32320

**Current Mailing Address:**

22 AVENUE E  
APALACHICOLA, FL 32320 US

**FEI Number: 59-2493309**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WALLACE, MARY E  
22 AVENUE E  
APALACHICOLA, FL 32320 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO  
Name            CARTER, JAMIE  
Address        22 AVENUE E  
City-State-Zip: APALACHICOLA FL 32320

Title            DIRECTOR  
Name            TIPTON, STEPHEN  
Address        22 AVENUE E  
City-State-Zip: APALACHICOLA FL 32320

Title            DIRECTOR  
Name            SPARKS, TIM  
Address        22 AVENUE E  
City-State-Zip: APALACHICOLA FL 32320

Title            DIRECTOR  
Name            FRENCH, TRACY  
Address        22 AVENUE E  
City-State-Zip: APALACHICOLA FL 32320

Title            SECRETARY  
Name            KRISSELL, ANGELA  
Address        22 AVENUE E  
City-State-Zip: APALACHICOLA FL 32320

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMIE CARTER**

**PRESIDENT, CEO**

**05/29/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date