

2014 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:

P. O. BOX 128
APALACHICOLA, FL 32329

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 P
Name SPARKS, TIM
Address P. O. BOX 8
City-State-Zip: JACKSONVILLE AR 72078

Title ST
Name COHEA, SAMANTHA
Address P. O. BOX 1228
City-State-Zip: CABOT AR 72023

Title D
Name FRENCH, TRACY
Address P. O. BOX 1228
City-State-Zip: CABOT AR 72023

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: TIM SPARKS

PRESIDENT

01/08/2014

Electronic Signature of Signing Officer/Director Detail

Date