

**2013 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**

**01/16/2013**

Electronic Signature of Signing Officer/Director Detail

Date