

**2018 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           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

Title           PRESIDENT/CEO  
Name           SPARKS, TIM  
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: TIM SPARKS**

**PRESIDENT/CEO**

**03/31/2018**

Electronic Signature of Signing Officer/Director Detail

Date