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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001364 (8)**
1. Corporation Name
W.F. MICKY BODY CO., INC.

Principal Place of Business Mailing Address
P.O. BOX 2044 HIGH POINT NC 27261 P.O. BOX 2044 HIGH POINT NC 27261

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 <u>1305 Trinity Ave.</u>		2a. Mailing Address 26 <u>High Point, NC</u>		3. Date Incorporated or Qualified <u>03/17/1994</u>	3a. Date of Last Report <u>2/17/94</u>
22 <u>High Point, NC</u>		27 <u>High Point, NC</u>		4. FEI Number <u>56-0512881</u>	Applied For <input type="checkbox"/> Not Applicable
23 <u>High Point, NC</u>		28 <u>High Point, NC</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 <u>27260</u>		25 <u>Guilford</u>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 <u>NC</u>		30 <u>NC</u>		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent
**DAVIS, MELVIN
601 N.W. 24TH CT.
OCALA FL 34475**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 Melvin Davis Melvin Davis, Manager 4/18/95
Signature, typed or printed name of registered agent (see 4 applicable) (NOTE: Registered Agent signature required when new filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SINK, H. DEAN
STREET ADDRESS	5251 RIVER RD.
CITY - ST - ZIP	JAMESTOWN NC 27282
TITLE	V
NAME	LOPP, KENT
STREET ADDRESS	1548 COLONIAL COUNTRY CLUB
CITY - ST - ZIP	THOMASVILLE NC 27380
TITLE	V
NAME	CHILDRESS, WAYNE
STREET ADDRESS	1908 SAN FERNANDO
CITY - ST - ZIP	HIGH POINT NC 27262
TITLE	S
NAME	DUNLAP, NANCY P
STREET ADDRESS	615 E. STATE ST.
CITY - ST - ZIP	HIGH POINT NC 27262
TITLE	T
NAME	KERR, FRED C
STREET ADDRESS	103 NEW BERRY CT.
CITY - ST - ZIP	JAMESTOWN NC 27282
TITLE	D
NAME	MICKY, CARL F SR
STREET ADDRESS	6641 MENDENHALL RD.
CITY - ST - ZIP	ARCHDALE NC 27283

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	Delete from Officers
5.4 CITY - ST - ZIP	NOT YET REPLACED
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Nancy P. Dunlap Nancy P. Dunlap 4/18/95 (910) 882-6506
Signature, typed or printed name of signing officer or director (Name) (Signature)