

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000001364 (8)

1. Corporation Name

W.F. MICKEY BODY CO., INC.



Principal Place of Business

Mailing Address

1305 TRINITY AVENUE
HIGH POINT NC 27260
US

P.O. BOX 2044
HIGH POINT NC 27261

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/17/1994

3a. Date of Last Report

04/27/1995

4. FLL Number

56-0512881

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

Mary Peterson

82 Street Address (P.O. Box Number is Not Acceptable)

same

83

84 City

FL

85 Zip Code

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

Mary Peterson

Signature, typed or printed name of registered agent and title (if applicable)

Mary Peterson

Typed or printed name of registered agent and title (if applicable)

3/15/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	SINK, H. DEAN	
STREET ADDRESS	5251 RIVER RD.	
CITY-ST-ZIP	JAMESTOWN NC 27282	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LOPP, KENT	
STREET ADDRESS	1548 COLONIAL COUNTRY CLUB	
CITY-ST-ZIP	THOMASVILLE NC 27360	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CHILDRESS, WAYNE	
STREET ADDRESS	1906 SAN FERNANDO	
CITY-ST-ZIP	HIGH POINT NC 27262	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DUNLAP, NANCY P	
STREET ADDRESS	615 E. STATE ST.	
CITY-ST-ZIP	HIGH POINT NC 27262	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MICKEY, CARL F SR	
STREET ADDRESS	6641 MENDENHALL RD.	
CITY-ST-ZIP	ARCHDALE NC 27263	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. Dean

3-15-96

DATE

910-882-6806

DAYTIME PHONE

CR2E034 (12/95)