

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000001364 (8)**  
 1. Corporation Name  
**W.F. MICKEY BODY CO., INC.**



Principal Place of Business <b>1305 TRINITY AVENUE HIGH POINT NC 27260 US</b>	Mailing Address <b>P.O. BOX 2044 HIGH POINT NC 27261-2044</b>
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<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
Zip	Zip
<b>24</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>03/17/1994</b>	<b>3a.</b> Date of Last Report <b>03/27/1996</b>
<b>4.</b> FEI Number <b>56-0512881</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**PETERSON, MARY**  
**601 NW 24TH CT**  
**OCALA FL 34475**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

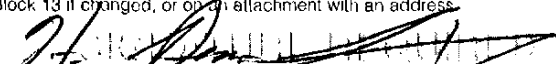
**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SINK, H. DEAN</b>	
STREET ADDRESS	<b>5251 RIVER RD.</b>	
CITY-ST-ZIP	<b>JAMESTOWN NC 27282</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>LOPP, KENT</b>	
STREET ADDRESS	<b>1548 COLONIAL COUNTRY CLUB</b>	
CITY-ST-ZIP	<b>THOMASVILLE NC 27380</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>CHILDRESS, WAYNE</b>	
STREET ADDRESS	<b>1906 SAN FERNANDO</b>	
CITY-ST-ZIP	<b>HIGH POINT NC 27262</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>DUNLAP, NANCY P</b>	
STREET ADDRESS	<b>615 E. STATE ST.</b>	
CITY-ST-ZIP	<b>HIGH POINT NC 27262</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MICKEY, CARL F SR</b>	
STREET ADDRESS	<b>6641 MENDENHALL RD.</b>	
CITY-ST-ZIP	<b>ARCHDALE NC 27263</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **H. DEAN SINK 4-11-97 (910) 882-6806**

CR2E034 (9/96)