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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90151 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F94000001364

1. Corporation Name
W.F. MICKEY BODY CO., INC.



Principal Place of Business
**1305 TRINITY AVENUE
 HIGH POINT NC 27260
 US**

Mailing Address
**P.O. BOX 2044
 HIGH POINT NC 27261**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/17/1994

4. FEI Number
56-0512881

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 [] Suite, Apt. #, etc.

22 [] City & State

23 [] Zip [] Country

24 [] 25 []

2a. Mailing Address

26 [] Suite, Apt. #, etc.

27 [] City & State

28 [] Zip [] Country

29 [] 30 []

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

81 Name

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINK, H. DEAN	1.2 NAME	
STREET ADDRESS	5251 RIVER RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JAMESTOWN NC 27282	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPP, KENT	2.2 NAME	
STREET ADDRESS	1548 COLONIAL COUNTRY CLUB	2.3 STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE NC 27380	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDRESS, WAYNE	3.2 NAME	
STREET ADDRESS	1906 SAN FERNANDO	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH POINT NC 27262	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNLAP, NANCY P	4.2 NAME	
STREET ADDRESS	615 E. STATE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH POINT NC 27262	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICKEY, CARL F SR	5.2 NAME	
STREET ADDRESS	6641 MENDENHALL RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ARCHDALE NC 27263	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with a 1 other like empowered.

SIGNATURE: [Signature] Date: 4-23-99 Daytime Phone #: (336) 882-6806

20102

CR2E034 (1/98)