

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 PM 7:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 583938 (6)

1. Corporation Name
WEST END QUICK-PIC, INC.

Principal Place of Business
100 WEST CENTRAL AVE.
BLOUNTSTOWN FL 32424

Mailing Address
100 WEST CENTRAL AVE.
BLOUNTSTOWN FL 32424

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		08/31/1978		04/15/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		50-1850249		Not Applicable	
24 Zip		29 Country		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
26		31		8. This corporation has liability for intangible tax under S. 199.032.		☐ Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PICKRON, BOBBY 940 WEST CENTRAL AVE. BLOUNTSTOWN, FL. FL 32424				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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE				☐ Change ☐ Addition			
1.2 NAME							
1.3 STREET ADDRESS							
1.4 CITY - ST - ZIP							
2.1 TITLE				☐ Change ☐ Addition			
2.2 NAME							
2.3 STREET ADDRESS							
2.4 CITY - ST - ZIP							
3.1 TITLE				☐ Change ☐ Addition			
3.2 NAME							
3.3 STREET ADDRESS							
3.4 CITY - ST - ZIP							
4.1 TITLE				☐ Change ☐ Addition			
4.2 NAME							
4.3 STREET ADDRESS							
4.4 CITY - ST - ZIP							
5.1 TITLE				☐ Change ☐ Addition			
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY - ST - ZIP							
6.1 TITLE				☐ Change ☐ 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)(b), 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: Mildred A. Pickron 4-17-95 904-674-8524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime (Area) #
Mildred A. Pickron