FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **583938** **(6)**

1. Corporation Name

WEST END QUICK-PIC, INC.

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

Mailing Address
939 WEST CENTRAL AVE.
BLOUNTSTOWN FL 32424

3. Date Incorporated or Qualified: 08/31/1978
3a. Date of Last Report: 04/19/1995
4. FEI Number: 59-1850249 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

PICKRON, BOBBY
940 WEST CENTRAL AVE.
BLOUNTSTOWN, FL. FL 32424

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

81 Name: MILDRED A. PICKRON
82 Street Address (P.O. Box Number is Not Acceptable): 929 W. CEN. AVE
83
84 City: BLOUNTSTOWN FL 85 Zip Code: 32424

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: Mildred A. Pickron Sec.-Treas. Mildred A. Pickron 4-25-96
Signature, Typed or Printed Name of person signing and title if applicable — Reg. Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	PICKRON, ROY D.	
STREET ADDRESS	P.O. BOX 501 N/A	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE	VD	☐ DELETE
NAME	PICKRON, BOBBY	
STREET ADDRESS	940 WEST CENTRAL AVE.	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE	ST	☐ DELETE
NAME	PICKRON, MILDRED	
STREET ADDRESS	P.O. BOX 501 N/A	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

CR2E034 (12/95)

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: Mildred A. Pickron - Sec.-Treas. 4-25-96 904-674-8524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MILDRED A. PICKRON