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FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 32424-1801

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

3. Date Incorporated or Qualified

08/31/1978

3a. Date of Last Report

04/29/1996

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

9. Name and Address of Current Registered Agent

PICKRON, MILDRED A
929 W CEN AVE
BLOUNTSTOWN FL 32424

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

Signature: typed or printed name of registered agent and the applicable

(NOTE: Registered Agent's signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PICKRON, ROY D.
STREET ADDRESS P.O. BOX 501 N/A
CITY-ST-ZIP BLOUNTSTOWN FL ☐ DELETE

TITLE VD
NAME PICKRON, BOBBY
STREET ADDRESS 940 WEST CENTRAL AVE.
CITY-ST-ZIP BLOUNTSTOWN FL ☒ DELETE

TITLE ST
NAME PICKRON, MILDRED
STREET ADDRESS P.O. BOX 501 N/A
CITY-ST-ZIP BLOUNTSTOWN FL ☐ DELETE

TITLE ~~VD~~
NAME ~~PICKRON, BOBBY~~
STREET ADDRESS ~~940 WEST CENTRAL AVE.~~
CITY-ST-ZIP ~~BLOUNTSTOWN FL~~ ☐ DELETE

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 VD
1.2 NAME DALE H. Folsom
1.3 STREET ADDRESS 313 Folsom Ave/P.O. Box 236
1.4 CITY-ST-ZIP Blountstown, FL 32424 ☐ Change ☒ Addition

2.1 TITLE VD
2.2 NAME Roy Y. Pickron
2.3 STREET ADDRESS M.C. Holley Rd./P.O. Box 982
2.4 CITY-ST-ZIP Blountstown, FL 32424 ☐ Change ☒ Addition

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 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: Mildred A. Pickron

3-17-97

904-674-8524

CR2E034 (9/96)