

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90138 004 ***150.00

DOCUMENT # 583938

1. Entity 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 Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1850249	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PICKRON, MILDRED A 929 W CEN AVE BLOUNTSTOWN FL 32424	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	---

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table><tr><td>TITLE</td><td>PD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>PICKRON, ROY D.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>P.O. BOX 501 N/A</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>BLOUNTSTOWN FL</td><td></td></tr></table>	TITLE	PD	<input type="checkbox"/> Delete	NAME	PICKRON, ROY D.		STREET ADDRESS	P.O. BOX 501 N/A		CITY-ST-ZIP	BLOUNTSTOWN FL		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete																							
NAME	PICKRON, ROY D.																								
STREET ADDRESS	P.O. BOX 501 N/A																								
CITY-ST-ZIP	BLOUNTSTOWN FL																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>VD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>PICKRON, ROY Y</td><td></td></tr><tr><td>STREET ADDRESS</td><td>M.G. HOLLEY RD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>BLOUNTSTOWN FL</td><td></td></tr></table>	TITLE	VD	<input type="checkbox"/> Delete	NAME	PICKRON, ROY Y		STREET ADDRESS	M.G. HOLLEY RD		CITY-ST-ZIP	BLOUNTSTOWN FL		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete																							
NAME	PICKRON, ROY Y																								
STREET ADDRESS	M.G. HOLLEY RD																								
CITY-ST-ZIP	BLOUNTSTOWN FL																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>ST</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>PICKRON, MILDRED</td><td></td></tr><tr><td>STREET ADDRESS</td><td>P.O. BOX 501 N/A</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>BLOUNTSTOWN FL</td><td></td></tr></table>	TITLE	ST	<input type="checkbox"/> Delete	NAME	PICKRON, MILDRED		STREET ADDRESS	P.O. BOX 501 N/A		CITY-ST-ZIP	BLOUNTSTOWN FL		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete																							
NAME	PICKRON, MILDRED																								
STREET ADDRESS	P.O. BOX 501 N/A																								
CITY-ST-ZIP	BLOUNTSTOWN FL																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>VD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>FOLSON, DALE H</td><td></td></tr><tr><td>STREET ADDRESS</td><td>313 FOLSOM AVE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>BLOUNTSTOWN FL</td><td></td></tr></table>	TITLE	VD	<input type="checkbox"/> Delete	NAME	FOLSON, DALE H		STREET ADDRESS	313 FOLSOM AVE		CITY-ST-ZIP	BLOUNTSTOWN FL		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete																							
NAME	FOLSON, DALE H																								
STREET ADDRESS	313 FOLSOM AVE																								
CITY-ST-ZIP	BLOUNTSTOWN FL																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mildred A. Pickron* 4-27-00 (850)674-8524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)