


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 583938</b> 1. Entity Name WEST END QUICK-PIC, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATION 04 OCT 20 AM 9:19	
Principal Place of Business 19937 WEST CENTRAL AVE BLOUNTSTOWN, FL 32424				Mailing Address PO BOX 501 BLOUNTSTOWN, FL 32424			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-1850249				Applied For <input type="checkbox"/> Not Applicable			
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 <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After January 1, 2005, Fee will be \$300.00</b> </div> <div>           In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.         </div> </div>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PICKRON, ROY D. P.O. BOX 501 N/A BLOUNTSTOWN, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>200042031032</b>  <b>10/20/04--01085--003 **150.00</b> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PICKRON, ROY Y M.G. HOLLEY RD BLOUNTSTOWN, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PICKRON, MILDRED P.O. BOX 501 N/A BLOUNTSTOWN, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOLSON, DALE H 313 FOLSOM AVE BLOUNTSTOWN, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Mildred A. Pickron / MILDRED A. PICKRON</u>				Date: <u>10-19-04</u>		Daytime Phone #: <u>850-674-8524</u>	