

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **H49948**

(3)

1. Corporation Name

**WOOD PICK QUICK, INC.**

Principal Place of Business

ROUTE 9 BOX 552  
ROUTE 10, BOX 836  
LAKE CITY FL 32055  
US

Mailing Address

% WAYNE A. WOOD  
ROUTE 10, BOX 836  
LAKE CITY FL 32055

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 15 PM 3:04

DO NOT WRITE IN THIS SPACE.

|                                                           |  |                        |  |                                                                                 |  |                                              |  |
|-----------------------------------------------------------|--|------------------------|--|---------------------------------------------------------------------------------|--|----------------------------------------------|--|
| 2. Principal Place of Business                            |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br><b>03/27/1985</b>                          |  | 3a. Date of Last Report<br><b>04/27/1994</b> |  |
| 21                                                        |  | 26                     |  | 4. FEI Number<br><b>59-2513632</b>                                              |  | Applied For<br>Not Applicable                |  |
| 22 Suite, Apt. #, etc.                                    |  | 27 Suite, Apt. #, etc. |  | 5. Certificate of Status Desired <input type="checkbox"/>                       |  | \$8.75 Additional Fee Required               |  |
| 23 City & State                                           |  | 28 City & State        |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |  | \$5.00 May Be Added to Fees                  |  |
| 24 Zip                                                    |  | 25 Country             |  | 29 Zip                                                                          |  | 30 Country                                   |  |
| 9. Name and Address of Current Registered Agent           |  |                        |  | 10. Name and Address of Now Registered Agent                                    |  |                                              |  |
| WOOD, WAYNE A.<br>ROUTE 10, BOX 836<br>LAKE CITY FL 32055 |  |                        |  | 81 Name                                                                         |  |                                              |  |
|                                                           |  |                        |  | 82 Street Address (P.O. Box Number is Not Acceptable)                           |  |                                              |  |
|                                                           |  |                        |  | 83                                                                              |  |                                              |  |
|                                                           |  |                        |  | 84 City                                                                         |  |                                              |  |
|                                                           |  |                        |  | 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 title if applicable.)

(NOTE: Registered Agent signature required when registering)

DATE

| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | P                 | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WOOD, WAYNE A.    | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | ROUTE 10, BOX 836 | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | LAKE CITY FL      | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | DS                | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WOOD, LORETTA J.  | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | ROUTE 10, BOX 836 | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | LAKE CITY FL      | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                   | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                   | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                   | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                   | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                   | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                   | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                   | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                   | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                   | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                   | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                   | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                   | 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

*Loretta Wood* Loretta Wood

2-19-95

704-765-4468

(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

(Date)

(Telephone Number)