FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

SIGNATURE!

Feb 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # H49948 (3)WOOD PICK QUICK, INC. Principal Place of Business Mailing Address % WAYNE A. WOOD ROUTE 10. BOX 836 LAKE CITY FL 32024 ROUTE 9 BOX 552 ROUTE 10. BOX 836 LAKE CITY FL 32055 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/27/1985 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-2513632 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WOOD, WAYNE A. **ROUTE 10, BOX 836** Street Address (P.O. Box Number is Not Acceptable) LAKE CITY FL 32055 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 (NOTE_fingistered Agent signature required when reinstating) DELICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE WOOD, WAYNE A. 1.2 NAME NAME **ROUTE 10, BOX 836** STREET ADDRESS 1.3 STREET ADDRESS LAKE CITY FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DFLETE Change Addition TITLE 2.1 TITLE WOOD, LORETTA J. 2.2 NAME NAME **ROUTE 10, BOX 836** STREET ADDRESS 2.3 STREET ADDRESS LAKE CITY FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-2IP DELETE Change Addition TITLE 41 THILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP Thereby 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 furstee 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. 14. I hereby

2-11-98

904-755-4468

FILED