FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUN -7 AM 10:54

DOCUMENT # J01580 (6)

1. Corporation Name
WICKER PICKER FLORIDA, INC.

Principal Place of Business	Mailing Address
3190 SPRINGHILL RD TALLAHASSEE FL 32310 US	2309 APALACHEE PKWY TALLAHASSEE FL 32301 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1986
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business
21: 401 E VIRGINIA ST
22 Suite, Apt. #, etc.: % FRANK DORSEY
23 City & State: TALLAHASSEE FL
24 Zip: 32301
25 Country: LEON

2a. Mailing Address
26: 401 E VIRGINIA ST
27 Suite, Apt. #, etc.: % FRANK DORSEY
28 City & State: TALLAHASSEE FL
29 Zip: 32301
30 Country: LEON

4. FEI Number: 59-2583499 ☐ 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

MARCHANT, TRAVIS P.
6278 WILLIAMS ROAD
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: FRANK E. DORSEY
82 Street Address (P.O. Box Number is Not Acceptable): 401 E VIRGINIA ST
83
84 City: TALLAHASSEE FL 85 Zip Code: 32301

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] 5/31/95
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☒ Change ☐ Addition
NAME	MARCHANT, TRAVIS P.	12 NAME		
STREET ADDRESS	6278 WILLIAMS ROAD	13 STREET ADDRESS	6623 LANDOVER CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	S	21 TITLE		☒ Change ☐ Addition
NAME	MARCHANT, KATHY S.	22 NAME		
STREET ADDRESS	6278 WILLIAMS ROAD	23 STREET ADDRESS	6623 LANDOVER CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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 addition.

SIGNATURE: [signature] 5/31/95 904-224-6800
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0028038 CP