

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K95789 (9)**  
1. Corporation Name  
**PIC-N-POKE, INC.**



Principal Place of Business  
**% JAMES WOODRING  
5223 SAVOY CT  
CAPE CORAL FL 33904**

Mailing Address  
**1440 METRO PARKWAY  
FT. MYERS FL 33912**

3. Date Incorporated or Qualified **06/16/1989** 3a. Date of Last Report **09/25/1995**

4. FEI Number **65-0122827** 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

2. Principal Place of Business  
21 **1115 N. Tamiami Tr**  
Suite, Apt. #, etc.  
22  
City & State  
23 **N. Ft. Myers, FL**  
Zip  
24 **33903** 25 **Lee** 29 Zip  
26 **11440 Metro Pkwy**  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

9. Name and Address of Current Registered Agent  
**WOODRING, JAMES  
11440 METRO PARKWAY  
FT. MYERS FL 33912**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 officer 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and the corporation. (If the registered agent is a corporation, the registered agent's name shall be typed or printed.)

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WOODRING, JAMES</b>	
STREET ADDRESS	<b>5223 SAVOY CT</b>	
CITY - ST - ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WOODRING, JUNE</b>	
STREET ADDRESS	<b>5223 SAVOY CT</b>	
CITY - ST - ZIP	<b>CAPE CORAL FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Timothy T. Lynch</b>	
1.3 STREET ADDRESS	<b>11440 Metro Pkwy</b>	
1.4 CITY - ST - ZIP	<b>Ft. Myers, FL 33912</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	<b>400001819694</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>-05/14/96--01013--043</b>	
5.3 STREET ADDRESS	<b>***200.00</b>	
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(3)(k), 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: *Timothy T. Lynch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 (941) 939-4496  
DATE DAY/TIME PHONE #

CR2E034 (12/95)