

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **320168** (8)

1. Corporation Name  
**C.M. PAYNE & SON, INC.**



Principal Place of Business: **9410 PAYNE ROAD SEBRING FL 33872-9716**  
Mailing Address: **9410 PAYNE ROAD SEBRING FL 33872-9716**

3. Date Incorporated or Qualified: **08/21/1967** 3a. Date of Last Report: **04/28/1995**  
4. FUI Number: **59-1170222** 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. 198.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**PAYNE, KELSEY F.  
9410 PAYNE ROAD  
SEBRING FL 33872**

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 607.0501 and 607.1505, Florida Statutes, the above named corporation, by 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------------|---|--|
| TITLE                      | <b>P</b>                        | 1. TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PAYNE, KELSEY F</b>          | 2. NAME   | <b>C</b>   |
| STREET ADDRESS             | <b>9314 PAYNE ROAD</b>          | 3. STREET ADDRESS                                     | <b>PAYNE, KELSEY F</b>   |
| CITY-ST-ZIP                | <b>SEBRING FL</b>               | 4. CITY-ST-ZIP  | <b>9404 PAYNE RD</b>   |
| TITLE                      | <b>D</b>                        | 5. CITY-ST-ZIP  | <b>SEBRING, FL 33872</b>   |
| NAME                       | <b>PAYNE, BEVERLY A</b>         | 6. TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | <b>9314 PAYNE ROAD</b>          | 7. NAME   | <b>D</b>   |
| CITY-ST-ZIP                | <b>SEBRING FL</b>               | 8. STREET ADDRESS                                     | <b>PAYNE, BEVERLY A</b>  |
| TITLE                      | <b>D</b>                        | 9. CITY-ST-ZIP  | <b>9404 PAYNE RD</b>   |
| NAME                       | <b>PAYNE, MARY E.</b>           | 10. CITY-ST-ZIP                                       | <b>SEBRING, FL 33872</b>   |
| STREET ADDRESS             | <b>9314 PAYNE ROAD</b>          | 11. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| CITY-ST-ZIP                | <b>SEBRING FL</b>               | 12. NAME  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE | 13. STREET ADDRESS                                    | <b>P</b>   |
| NAME                       | <input type="checkbox"/> DELETE | 14. CITY-ST-ZIP                                       | <b>PAYNE, JOHN K.</b>  |
| STREET ADDRESS             | <input type="checkbox"/> DELETE | 15. TITLE   | <b>338 NW LAKEVIEW DR</b>  |
| CITY-ST-ZIP                | <input type="checkbox"/> DELETE | 16. NAME  | <b>SEBRING, FL 33870</b>   |
| TITLE                      | <input type="checkbox"/> DELETE | 17. STREET ADDRESS                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <input type="checkbox"/> DELETE | 18. CITY-ST-ZIP                                       | <b>S</b>   |
| STREET ADDRESS             | <input type="checkbox"/> DELETE | 19. TITLE   | <b>PAYNE, KELSEY F, II</b>   |
| CITY-ST-ZIP                | <input type="checkbox"/> DELETE | 20. NAME  | <b>5609 LAKE JOSEPHINE RD</b>  |
| TITLE                      | <input type="checkbox"/> DELETE | 21. STREET ADDRESS                                    | <b>SEBRING, FL 33872</b>   |
| NAME                       | <input type="checkbox"/> DELETE | 22. CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS             | <input type="checkbox"/> DELETE | 23. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| CITY-ST-ZIP                | <input type="checkbox"/> DELETE | 24. NAME  |  |
|                            |                                 | 25. STREET ADDRESS                                    |  |
|                            |                                 | 26. CITY-ST-ZIP                                       |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information indicated on this filing and report or statement of 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 trustee or trustor 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 attached sheet with an address.

SIGNATURE: *John K. Payne* 4/19/96 94-385-4642  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)